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the Canadian Nurse

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VOLUME 58 • NUMBER 6

MONTREAL

JUNE, 1962

HIGHLIGHTS

CHITTICK — One Nurse's Utopia

IRENE — Adequate Staffing

GIBSON — Put the Heart Back into Nursing

LEHMANN — New Effective Drugs in Psychiatric Therapy

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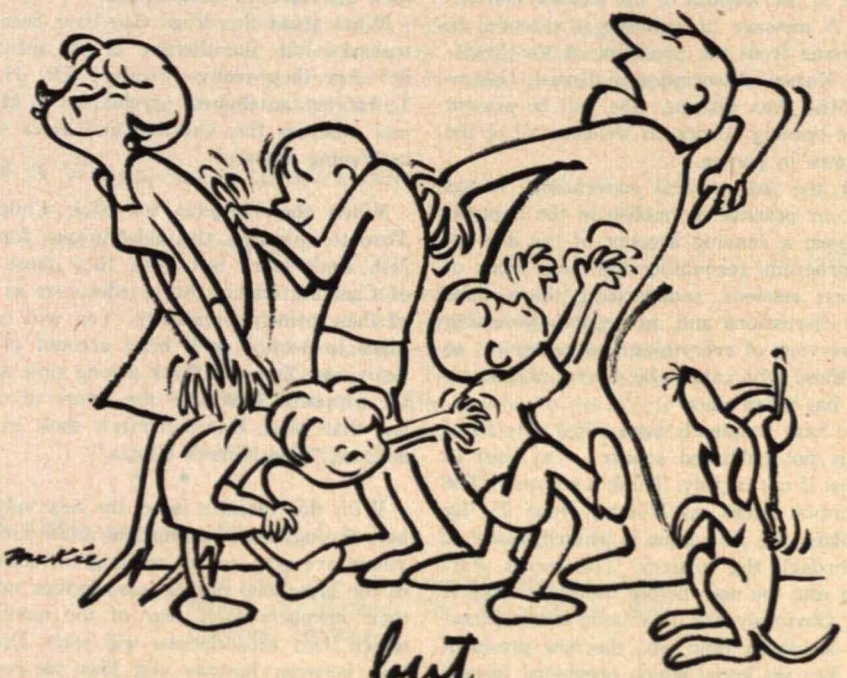

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Between Ourselves

The last week of this month is "C" week for the nurses of Canada. From as far east as Newfoundland, hundreds of nurses will soon be on their way to Vancouver to participate in the sessions of the biennial convention. A message of welcome is extended in this issue from the president of the Registered Nurses' Association of British Columbia, Miss ADA GEORGE. She will be present at the opening session to welcome all of the delegates in person.

For the past several conventions, it has been our practice to publish in the September issue a running account of the day-by-day program, recounting the main items of business sessions, summarizing the various panel discussions and, in general, providing an overview of everything that transpires so that those who cannot be present will know what has taken place.

We have frequently been asked why all of this is not published sooner — at least in August if not in July. Think a moment! The convention opens on Monday, June 25. By that date, the July issue is printed, ready to go through the bindery. The copies start going into the mail before the last session is over. Obviously, the July issue is out. However, we know now who the new president is to be; we know which provincial nurses' association has extended an invitation for the 1964 convention. Write-ups concerning these will be included in the July number.

We are planning to hold this page, *Between Ourselves,* open in the August issue for the report of the results of the elections and the Resolutions that are adopted. We shall be flying back to Montreal on July 1 so shall rush this material to the printer's the first thing on Tuesday morning. If it is possible to secure any of the addresses far enough in advance to have them translated for our French edition, we shall bring them to you in the August issue also.

September will continue to be the big month for the principal report. There, too, we shall include the write-ups concerning the new honorary members, including the presidential citations. We hope to have the remainder of the addresses ready for that issue also.

* * *

In the past twenty years there have been recurring waves of optimism as new drugs, new "wonder" drugs were launched. Although quite a large number of them have lived up to expectations, others have demonstrated such unfortunate side-effects that their use has been discontinued.

What about the drugs that have been introduced into the therapy of the mentally ill? Are they really effective? Dr. H. E. LEHMANN, an eminent psychiatrist in Montreal analyzes this question and gives some heartening answers.

* * *

When the Hospital for Sick Children, Toronto, planned the celebrations for its 75th anniversary last year, they chose one of Canada's leading nurse educators as one of their principal speakers. You will enjoy Miss Jo-ANN NEFF's brief account of the festivities. You will think a long time about the prophetic look into the future of nursing that Miss RAE CHITTICK took in her address, "One Nurse's Utopia."

* * *

With this month's issue, the new subscribers through membership fees in all ten provinces are now on the mailing list. Several of the provincial nurses' associations inform their members each year of the month in which their subscriptions will start. Despite this, between January and May we receive a minor flood of complaints from seemingly irate nurses who say, in effect: "I paid my fees in January 1962 and I haven't received a single copy yet! Why not?"

Again, we list for your information the starting month for the members of each provincial nurses' association:

Alta. April	N.S. April
B.C. May	Ont. June
Man. April	P.E.I. March
N.B. April	Que. June
Nfld. May	Sask. April

Count ahead twelve months and you will find the month with which your present subscription expires — e.g. Quebec is May, 1963.

Special seats for babies, similar to those commonly used in automobiles, have been made available at no extra charge on all CN trains between Winnipeg, The Pas and Churchill. *CN News*

THE CANADIAN NURSE

VOLUME 58 **NUMBER 6**

JUNE 1962

505 WELCOME TO VANCOUVER.....*A. George*

Miss George, who is President of the Registered Nurses' Association of British Columbia, is presently Director of Nursing in the hospital at Kimberley, B.C.

506 A WELL-EARNED ADVANCEMENT

507 ONE NURSE'S UTOPIA.....*R. Chittick*

Dr. Chittick is director of the School for Graduate Nurses, McGill University, Montreal. This address was given on the occasion of the 75th anniversary of The Hospital for Sick Children, Toronto. Please refer to the article by Jo-Ann Neff on page 515 — for further details about this event.

515 "1886 AND ALL THAT".....*J.-A. Neff*

Miss Neff is a departmental instructor of the School of Nursing, The Hospital for Sick Children, Toronto.

517 ADEQUATE STAFFING.....*Sister M. Irene*

Sister Mary Irene is director of nursing, Charlottetown Hospital, Charlottetown, P.E.I.

522 PUT THE HEART BACK INTO NURSING.....*M.-I. Gibson*

Mrs. Gibson, a Canadian nurse, resides in Buena Park, California.

526 NEW EFFECTIVE DRUGS IN PSYCHIATRIC THERAPY.....*H. E. Lehmann*

Dr. Lehmann is Clinical Director, Verdun Protestant Hospital, Montreal.

533 A STATEMENT ON NURSING IN CANADA

540 MENINGITIS.....*C. Fletcher*

Miss Fletcher is a graduate of St. Joseph's School of Nursing, Hamilton, Ont.

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The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse *nor of the Canadian Nurses' Association.*

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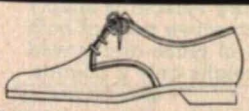

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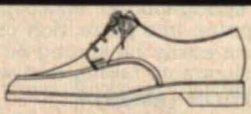

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Random Comments

Dear Editor:

I would like to know if you receive many complaints about our magazine?

Please do not take this as a personal criticism, but I have heard so many complaints from registered nurses who are "spouting off" without letting you know.

Most of the complaints are about *lack of clinical data*. Some of the nurses want a magazine more akin to the *American Journal of Nursing*. Now nationalism will rear its small pointed head! I can hear the cries from here. But another comment, "some articles on evaluation may be of interest but a whole edition?" was heard this month.

Fortunately or unfortunately many nurses criticize *The Canadian Nurse* when they want to speak softly to the RNAO or the CNA. At a party recently one nurse asked if one is able to request information about the atmosphere in administration and teaching at various hospitals by contacting the RNAO. She was referring particularly to a position for a clinical instructor. After working at one hospital she discovered five instructors had left the previous year because of poor cooperation between the training school office and supervisory staff. Could she have learned this beforehand from the RNAO? She didn't recommend "blackballing" hospitals but surely there should be some clearing house of information. Why not spend money on this instead of calling in consultants to find out what is wrong with nursing?

Please do not consider the above as personal criticism. But if you could publish part of this, interest and comments may be evoked. Orchid corsages are pretty but an onion bouquet is more apparent!

A ten-year graduate, Ontario

Dear Editor:

There has always been and will continue to be controversy on how much should a patient be told by his doctor when he or a member of his family is seriously ill. Quite a large percentage of the population, would probably say "I want to be told all, please tell me everything." The important factor here is, does he really want to hear the truth, the whole truth? Consciously, or unconsciously he may be in doubt. Life is

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Quite recently I came across a mother-to-be whose pregnancy was complicated by Rh antibodies. She was told, and rightly so, just what the situation was. That night she did not sleep a wink, although sedatives were given. I do not wonder, as her nerves were as taut as a violin string.

LURLINE V. BROWN, Ontario

Dear Editor:

I wish to congratulate you on the inclusion of the Foster Parents' Plan advertisement in *The Canadian Nurse*.

This is a most worthwhile plan. At the present time many nurses participate in this and I am sure many more will do so as a result of the publicity given it in our nursing journal.

The letters to the editor have added considerable interest for the readers of our *Journals*.

ISOBEL BLACK, Ontario

Dear Editor:

Would like to say how much our journal means to us who just do part-time work. It is one means of helping us keep up-to-date with drugs, new techniques, etc.

I wonder what other part-time nurses think about the registration fees. What about a part-time fee for those of us who fill in when needed, yet only work about one-tenth as much as a staff nurse? Sometimes that $17.00 is pretty hard to find!

Part-time, Manitoba

Dear Editor:

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Dear Editor:

I wish to notify you of my change of address from Toronto to Seoul, which will be effective in August.

In the past, articles in *The Canadian Nurse* have helped us interest doctors to change some procedure or technique toward a higher standard of safety. It takes a few months for magazines to reach us, but last year, in May, the graduate nurses at Wonju Union Christian Hospital used the theme of the February issue for two interesting evenings of discussion on "What is real nursing?"

A. MARION POPE, Ontario

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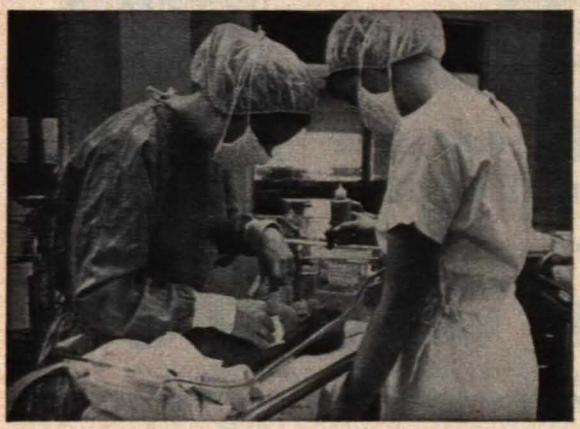

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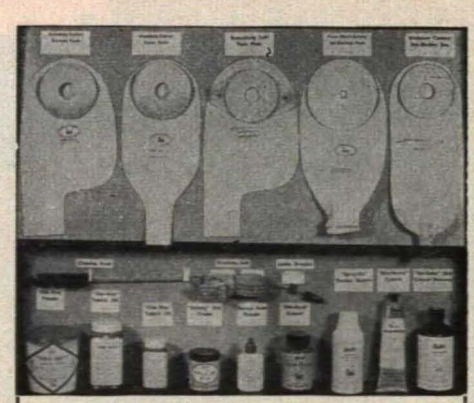

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By DOROTHY MERENESS, R.N., Ed.D., and LOUIS J. KARNOSH, B.S., Sc.D., M.D. Published May 1962. 6th edition, approx. 312 pages, 6½" x 9½", illustrated. Price, $5.50.

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By LENORE KIMBALL, B.S., R.N. Published May, 1962. 3rd edition, 194 pages, 7¾" x 10½". Price, $3.25.

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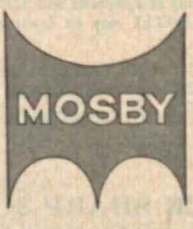

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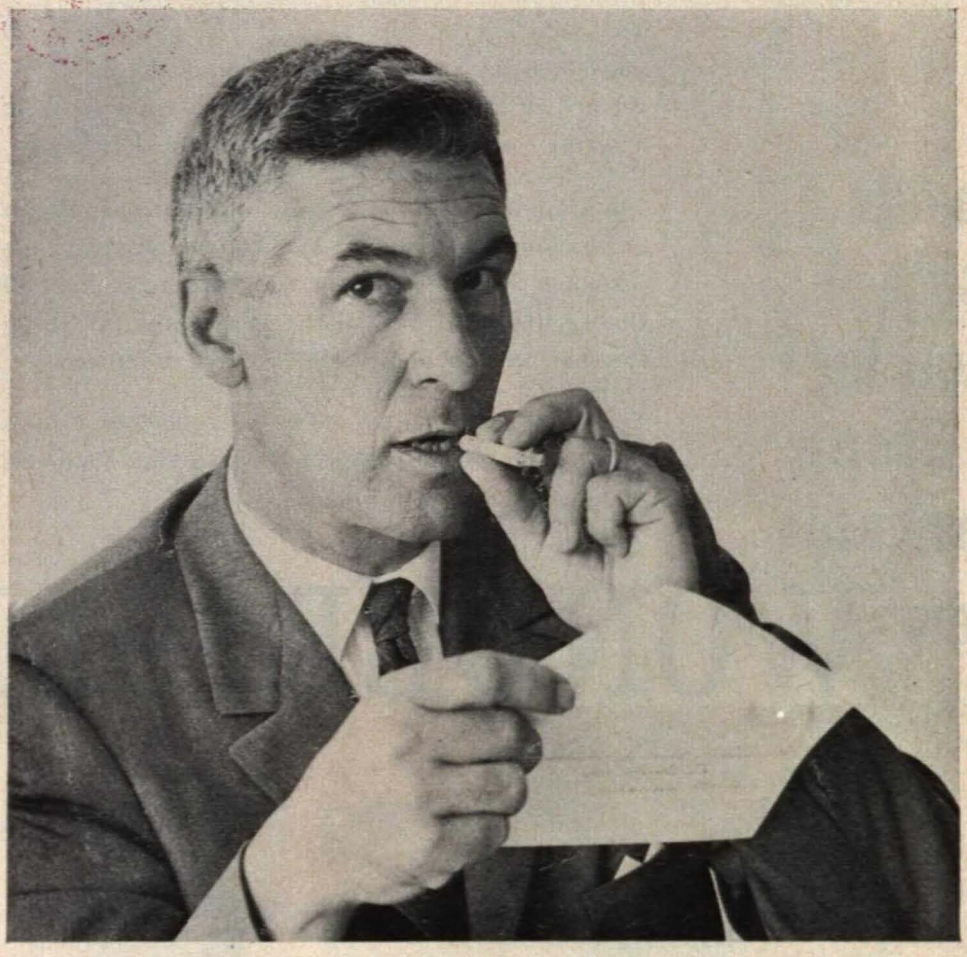

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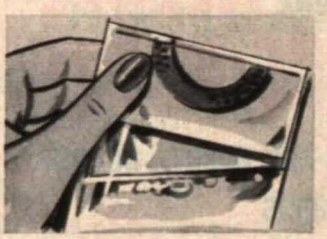

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1. Gosling, P. H.: Brit. M. J. 1:879 (March 19) 1960. 2. Moss, S. A.: Brit. M. J. 1:1057 (April 2) 1960. 3. Noble, M. B.: Brit. M. J. 1:1057 (April 2) 1960. 4. Goodall, J. R.: Puerperal infection, Montreal, Murray Printing Co., 1932, p. 76. 5. Karnaky, K. J.: Clin. Med. 3:545 (June) 1956.

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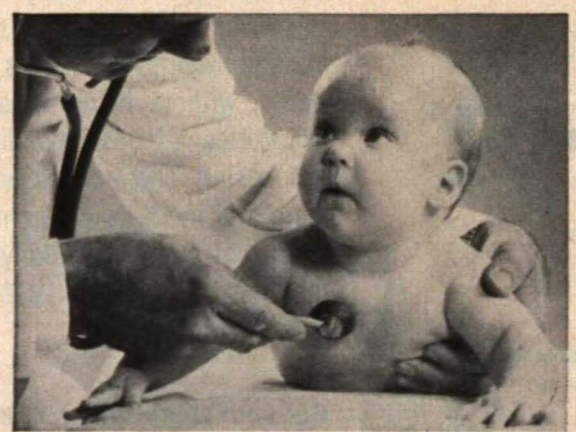

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THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA PUBLISHED IN ENGLISH AND FRENCH BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 58 NUMBER 6

MONTREAL, JUNE 1962

Welcome to Vancouver

THE NURSES of British Columbia are anticipating with special pleasure the forthcoming Biennial Convention of the Canadian Nurses' Association. We hope that many nurses and visitors may be able to include the convention either at the end or the beginning of their holidays. This is mainly selfishness on our part. We know that many people might find it difficult to travel all the way to the west coast just for the convention. The more people who come to the convention, the greater will be the opportunity for nurses in British Columbia to see nurses whom they know by reputation and to meet new people. We are also eager to have as many people as possible see and enjoy British Columbia.

The main concern at any professional convention is the conduct of the association's business. However, two other aspects of any successful meeting are important: the educational opportunities and the social activities that have been planned to give variety and change of pace to the successive sessions. Aside from the planned educational program the informal discussions, inevitable whenever nurses meet, enable us to see nursing problems and developments from points of view differing from our own. Nurses from widely separated areas soon realize that the same problems are being faced by their colleagues everywhere. The solutions or attempts at solutions worked through by others give us ideas for solving our problems or warn us of difficulties we may not have foreseen.

The arrangements for the social and leisure activities are mainly the responsibility of the hostess association. Our nurses have planned many outings so that visitors may have a chance to enjoy the sea and mountain scenery of British Columbia; to take part in some of the cultural and social activities characteristic of this province; to have the information which will make it possible for them to see anything or contact any group which has special interest for them. As the convention headquarters is in the downtown area, stores and restaurants are conveniently located. It should not be too time-consuming to shop or eat.

The weather at the end of June is

usually settled and balmy. The spring flowers are all gone but the roses should be at the peak of their first blooming. Even if it rains, Vancouver rain is dry — or so say the native Vancouverites!

On behalf of the nurses of British Columbia I extend a very warm welcome to all nurses and visitors planning to attend the biennial meeting of the Canadian Nurses' Association. We are waiting to greet you and trust that the meeting will be so successful that you will be glad you came and sorry to leave.

ADA GEORGE

A WELL-EARNED ADVANCEMENT

Just as this issue was going to press, information was received of the new responsibilities that our President, Helen M. Carpenter, is to assume this summer. She has been appointed Director of the School of Nursing, University of Toronto, succeeding Miss Nettie D. Fidler, who is retiring after filling this position so capably for the past ten years.

A graduate of the combined course that was offered at that time by the University and the Toronto General Hospital, Miss Carpenter specialized in public health nursing, receiving her diploma. After ten years, eight of them with the Victorian Order of Nurses in positions ranging from staff nurse to assistant director of the Toronto Branch, she studied for her Bachelor of Science at Teachers College, Columbia University, New York. She returned to Toronto to become director of nursing service with the Department of Health of East York Township and at the same time join the faculty of the University School of Nursing. The East York project was essentially a demonstration centre for teaching purposes for both nursing and medical students. Receiving her Master of Public Health from Johns Hopkins University, Baltimore, Miss Carpenter turned all of her attention to lecturing with the rank of assistant professor. Currently, she has progressed a considerable distance toward the completion of requirements for her Ph.D. in education.

(Ballard & Jarrett)

HELEN M. CARPENTER

Added to this unusually sound, broad and interesting preparation for her new duties, Miss Carpenter has had varied experience in the organizational side of nursing. First becoming a member of the Executive Committee of the Canadian Nurses' Association in 1950 as chairman of the Committee on Public Health Nursing, she has had a superlatively good opportunity over the years to become aware of all facets and problems of nursing. Her interest in research has been particularly helpful during this biennium as she has guided the Association toward new patterns and improvements in nursing education and service.

Volunteers of all ages perform more than 90 per cent of all the work of the Canadian Red Cross Society.

The world is a comedy to those that think, a tragedy to those that feel.

— HORACE WALPOLE

ONE NURSE'S UTOPIA

RAE CHITTICK, M.A., LL.D.

To speak about nursing in the world of tomorrow is a dangerous thing to do despite the fact that nursing is one of the most traditional of professions and firmly resists change in the face of its own inadequacies to meet the demands of the society it purports to serve.

ONE SHOULD BE extremely well-informed in order to make adequate prophecies, but well-informed people usually know better than to do so. Dr. Henle, says that genuine scholars, as they go on in their field, read more and more but make fewer and fewer definite statements about things. On the other hand, he notes that administrators develop in exactly the opposite direction. They read less and less and make more and more definite statements. I should prefer to be considered a scholar, but I have a feeling that those reading this article will think that I have become an administrator, or worse still, that I have reached what Dr. Henle calls the ideal term of this development in which one reads nothing at all and makes definite statements about everything.

There is something about a discussion of this kind that implies betterment.

> From the beginning of history man has been concerned with betterment, each with his own betterment, or with the betterment of somebody else, or with the betterment of mankind.[20]

An article such as this, therefore, is invariably accepted as an opportunity to tell those who read it how to improve something or other, in this case nursing. Betterment involves change and change of any kind brings disagreement and hardships to somebody — higher taxes, loss of prestige, insecurity and dozens of other things. This means that there is a tendency for vested interests to maintain the status quo and to constantly think of the good old days some time in the past. This is particularly true of nursing. The vested interests are the hospitals, the medical profession and the members of the nursing profession, itself. There is evidence all around us that these vested interests are so preoccupied with things as they have been and with carrying on the old ways of doing things that they do not see the new opportunities and the new obligations that confront them.

Certainly, there has been a major change in the pattern of illness in society. In the past 25 to 50 years the pattern has shifted from epidemic infections and their associated mortality to what might be described as stress disorders.

> It is probably fair to say that it is not so much that a society gets rid of its illness, but that each society has its own pattern of illness and that the change of pattern at the present time tends to emphasize more the psychological and social components of illness.[18]

If we ask doctors what is wrong with nursing, we get replies something like this:

> A nurse's first responsibility is to patient care and she must be directly responsible for the care without too many intermediaries. Many doctors feel that the professional nurse is getting too far away from this concept of nursing by becoming involved in the burdens of administration, in paper work, in duties which are rightfully the doctors — in being amateur diagnosticians and psychiatrists.[22]

If we ask this same question of hospital administrators the answer is:

> We are putting too much emphasis on nursing education and not enough on nursing service . . . Too many chiefs and not enough braves.[8]

This statement is a quotation from a speech made by a hospital administrator at an annual meeting of a provincial nurses' association. I could not help but wonder whether this person had read Miss Mussallem's study, *Spotlight on Nursing Education*,[12] which reveals that the whole system of hospital nursing education in Canada

is geared to nursing service. Two-thirds of the student's classroom instruction is given in the first third of her training so that she is ready to provide nursing service for the greater part of her three-year course. The total hours of classroom instruction ranged from a low of 807 hours to a high of 1425 hours in the three-year period. In other words, roughly 12 to 15 per cent of the student's time is spent on classroom instruction. The teachers have not been preoccupied with education either. This same study revealed that one-third of the full-time instructors in hospital schools of nursing had no special preparation beyond the three-year hospital program and that nearly one-half had no further education than a one-year diploma course in a university.

I make these statements because, in my opinion, the people who control nursing education are not well-informed about nursing. A review of Dr. Aileen Ross's book, *Becoming a Nurse*[16] in a recent issue of the *Canadian Hospital* states:

> The study gives an insight into the profession of nursing and the young women who are its members. *In this way it will be of interest to those nurses who wish to assess their own training program.*[2]

The implications of the book were entirely lost on the reviewer. If anybody needs to read this book it is *not* nurses but hospital boards and hospital administrators! They should ask themselves what brought about this state of affairs? Are these things still happening? They are! What should we do about it? If they have any doubt about their responsibility, in the matter, I suggest that they read the findings of Dr. Menzies'[10] four-year study of nursing in English hospitals to help them realize that the stresses created by the ritual and regulation, characteristic of service-dominated schools of nursing, resulted in the lamentable teaching and attitudes portrayed in this book.

Generally speaking, *nurses do not control nursing education.* Nursing educators work in a very narrow and rigid framework that has been set by others. These "others" are, first of all, hospital boards which are made up largely of successful business men in the community. These men are well-intentioned and make benevolent gestures towards nursing but their knowledge of nursing education is largely confined to the giving of prizes at graduation. Hospital business administrators, particularly since the establishment of hospital insurance, are beginning to influence nursing education for they must necessarily be concerned with service and with holding the line in respect to costs. By the very nature of their position they must question any move that threatens the stability of the nursing staff and students form the stable staff in most large hospitals. This is the administrators' legitimate business. Some, however, are reaching much beyond this and are setting themselves up as authorities on nursing education. This is a new threat to the improvement of nursing education.

The third group that controls nursing is the medical profession. It is harder for me to condemn it. Individually, its members have given generously of their time in educating nurses without remuneration. But doctors have a strange nostalgia for the "good old days," for the "born" nurse who is right there to carry out their orders; to greet them when they come on the ward; to ask no questions and make few suggestions about the care of the patient. The medical profession is reluctant to recognize that the nursing profession has a body of knowledge of its own that could be used in the treatment of patients. It views such attitudes as a threat to its own position. This attitude has resulted in the medical profession discouraging higher education for nurses and giving firm support to the status quo. Only in the fields of psychiatry and public health have nurses been encouraged to become colleagues with opportunities to use their special skills.

Looking Ahead

However, I set out to look at the future, to build a blueprint for progress or betterment. In other words, my job is to design a Utopia for nursing.

In my opinion we shall have more and more hospital beds, but I think the character of hospitals will change. Ur-

banization, industrialization, modern housing and family living, as well as modern medical practice will demand that the treatment of the sick be centred in institutions, and that these be financed by public funds. This, of course, is not speculation. Plans for many new hospitals are on the drawing boards. Every province has an extensive hospital building program. The *Financial Post*[23] has stated that Canada's hospital construction and equipment program for 1961 amounted to nearly 288 millions, an increase of 64 per cent over the 1960 total.

Since each age develops its own particular diseases, it is difficult to foretell what kind of patients will be in our hospitals. Regardless of this, there will be increasing emphasis on preventive measures and on the social component of illness. This means that public health and hospital services must become integrated and that hospitals must develop into genuine health centres with more emphasis on prevention, teaching and rehabilitation. In other words:

> Hospitals as well as health centres must be concerned with the whole natural history of illness which places an emphasis upon the community aspects of the illness both before and after hospitalization.[18]

If this is recognized, hospitals must be closer to community life and take much more interest in teaching the patient and his family.

> An institution has no rights to development or survival except in support of the home of the individual being served.[15]

To accomplish this close relationship with the home, hospitals must be organized on a different pattern. There must be more individualized patient care without so many rules and regulations. For many patients there could be fewer restrictions on visiting hours. They could see their children and grandchildren without regard to age. Many patients could do much more for themselves, such as make their own beds and prepare their own snacks. They could help to look after each other, such as feeding helpless patients, combing each other's hair, reading to others. This is true, too, for visitors. Selected members of the patient's family could do many things for him — help with his bath, make his bed, or change a dressing. Hospitals as health centres would have pleasant lounges; a circulating library in the charge of a perceptive librarian who understood patient needs; recreational facilities, such as a music room and a place to develop creative ideas; a dining room where patients might eat together or with their friends or families, and where, if she wished to do so, a nurse might eat with her patient. All of these changes will be made for therapeutic reasons and not necessarily to lessen the cost or save staff time, although they might well do so.

This all sounds like a description of the self-care unit of a progressive care hospital. True — but such care need not be confined to a specially planned institution. It could happen on numerous wards in our present hospitals. Many modifications in care could be made without changing the physical plant. It is the *climate* of the hospital ward that counts. It must ensure a place where a therapeutic relationship between patient and staff can flourish.

The Head Nurse of the Future

The person to envisage this kind of care is the head nurse, but she needs support from administration and a much larger measure of autonomy than she has at the present time in most hospitals. In fact, in my Utopian hospital there is much less centralization so that each ward becomes an administrative unit planning its care in relation to the patients.

> For nursing staff, it means a more liberal nursing administration and somewhat differently behaving nursing administrative persons.[21]

Head nurses would need freedom to function, unhampered by too much policy, rules, regulations and censorship. The head nurse who can create and manage this sort of therapeutic care would be somebody special. Her position would be a key one on the hospital nursing staff. It would call for special training in management; well-developed skills in understanding people and their behavior; a largeness of vision that comes with broad education to which had been added the special knowledge needed to nurse pa-

tients assigned to her ward. What is more, this position would carry with it a salary proportionate to the experience and training needed for the job.

Hospital management would have to have sufficient foresight to prepare selected people. "It 'talent scouts' its staff for nursing personnel who are creative and have special interests."[21] Like other successful business concerns, the hospitals would encourage these selected people to obtain the education or training they needed by sending them for special courses on full salary. These skilled administrative experts would be given a good deal of freedom to determine the needs of the patients in terms of staff, budget, visiting hours, methods of nursing, whether by team nursing, individual assignments, assistance from relatives or other patients, or a combination of all of these. Under the imaginative administration of such a unit-administrator, the *staff* nurse will have opportunities to be creative and will be encouraged to express her ideas in nursing care. Also, she will receive a salary that recognizes the importance of her job as a good bedside nurse. It is hard to be a "brave" if one is always on the lowest rung of the salary scale and the only way to receive recognition, financial or otherwise, is to be something other than a "brave." Hospital administrators deplore the movement of the graduate nurse away from the bedside, but this is her only hope of achieving a reasonable increase in salary. The Professional Institute of the Public Service of Canada presented a very fine report to the Royal Commission on Government Organization. It noted that a staff nurse in government service in one province reached her maximum salary after one year of service. This same Report shows that hospital orderlies, X-ray operators, maintenance helpers, storemen and cooks were all able to reach a higher maximum salary than staff nurses.

Where does this Utopia lead us in terms of money? Who is to pay for it? Well, of course, you know who must foot the bill — the taxpayer. He is demanding good care and he must be prepared to pay for it. Our newspapers sometimes publish astronomical figures on the cost of our health and welfare services. In 1959-60, it was estimated that over three billion dollars was spent in Canada on health and welfare services but by far the largest part of this went for welfare services, largely income maintenance programs. Considerably less than a billion was spent on health services.[14] The question is often raised whether or not Canada can afford to divert a much larger proportion of her national income to health and welfare. The most recent study available suggests that Canada, in the year 1953-54, stood rather low in the list of countries examined with respect to the amount spent on social security in relation to national income. We were exceeded by the Federal Republic of Germany, France, Belgium, Italy, Sweden, Denmark, the United Kingdom and several other countries.[14]

Another change that can be foreseen is in the organization of care for the convalescent patient and the patient with a chronic illness. Institutions for these people have been growing at a rapid rate but with little over-all planning. Today, the number of beds in convalescent hospitals and nursing homes in the United States approximates the number in general hospitals. This state of affairs is rapidly approaching in Canada. The quick growth of these institutions has been accepted with reluctance by the health serving professions who are rightly skeptical of the adequacy of the care provided. There is a movement now, which I think should be fostered, to integrate these institutions into the general hospital system with a medical staff appointed by a common board and the medical and nursing staff serving the combined organization. Both medical and nursing students are being deprived of experience in areas of illness that are affecting a very large group of our population and these patients are being shamefully neglected. The distinguished Dr. Bluestone has said.

> When people speak of a chronic disease, they tend to speak of a disease we needn't bother with any more . . . Hospitals were not created for curable patients only. We already know how to take care of the curable ones. It is

from the incurable patients that we learn.[1]

Nursing, which now puts such emphasis on understanding the person as an individual, should capitalize on the opportunities available in these institutions. Here, in the slower pace of the convalescent hospital, the nurse can look after a patient over a longer period of time than in a general hospital, and in coming close to the older person can acquire a deep understanding of those life experiences that develop or destroy the human spirit — the erosion of fear and anxiety; the destructive outcome of loneliness; the need for privacy; the comfort of familiar objects; the sustaining effect of love, especially from one's own family. If you are skeptical of the value of such an educational experience I recommend to you the beautiful and sensitive story of patients in a hospital for chronic illness, entitled *The Big Ward* by a Dutch writer, Jacoba van Velde.[19] The bridging of the gulf between nursing homes and hospitals will mean, of course, a greater demand for qualified nursing staff.

Another large area of sickness that has been neglected in terms of nursing care is the treatment of mental illness. There is a growing tendency to integrate this type of therapeutic care into the general health services and to look for a better quality of nursing care. Added to these areas of illness there will be greater demands for nurses in the public health fields — preventive services, home care and rehabilitation programs — as greater efforts are made to keep patients out of hospitals in the interests of their welfare and for the sake of economy.

What I am trying to say is that the demand for nursing service is going to snowball. It will be far beyond the capacities of the present machinery for meeting the needs. In fact, before long the shortage of nursing personnel can handicap every development of our health services and widen the gap still further between what is known as sound policy in maintaining health and treating illness and what is actually put into practice by people in our communities. A Canadian nurse who attended the 12th International Hospital Congress held recently in Venice reported that "every paper presented ended up relating major hospital problems to the shortage of nurses."[5]

I do not believe that the answer to this serious situation lies in expanding our present system of preparing nurses, enlarging our established schools and opening up new ones of the same pattern. We need a whole new approach to meeting our needs for nurses. There are so many weaknesses in our present system that further expansion will accentuate them and contribute to a general deterioration of the quality of nursing.

In the first place, good education is a costly business, no matter what type of education it is. This cost should be separated out from the cost of hospital care in the case of nursing education. Under the present system hospital *per diem* rates include the cost of nursing education. With the rapidly rising costs of hospital care, there is a grave tendency to hold the line in nursing education. Secondly, our present three year program is undertaking to do too much. It has goals away beyond what it actually can do. The three-year course is too long for the preparation of staff nurses, and this is what the young graduate is prepared to do. She is not qualified to undertake teaching, or to be a head nurse or assistant head nurse, or to enter the field of public health. A consultant to schools of nursing in one of our western provinces has remarked, "Our main purpose seems to be to prepare nurses for bedside nursing, to prepare them for leadership roles with co-workers, to prepare them for administrative and teaching positions."[17] *In actual fact, the present three-year program is preparing nurses for bedside nursing in an active treatment hospital.*

Another weakness of our present system is that, generally speaking, it selects students for nursing from only one small group in our population — girls from 17-19 who hold a high school diploma. Moreover, this is our most unstable group employment-wise. Within five years of graduation 80-90 per cent are claimed by marriage which frequently interferes with regular employment.

The fourth and most serious weak-

ness is the quality of the education itself. It is surprising how many parents, doctors, hospital boards, and even some graduate nurses, believe that if you put students to work on the wards for long enough periods of time, they are bound to become good nurses. How often we have heard it said that it is experience on the wards that counts, regardless of what contitutes that experience. We have a few good hospital schools of nursing, about 25 per cent, according to the Pilot Project report. The other 75 per cent represent a wide range of quality, and some are extremely poor. How unfair it is to ask a young girl who is a high school graduate to spend three years of her life in acquiring this limited education.

What can be done? What does the future hold? If, suddenly, I were to become omnipotent, this is what I would do. First of all, I would set up regional boards of nursing education under a provincial authority who would be responsible for all schools of nursing. Who this provincial authority should be, I'm not quite sure. World Health favors Ministries of Education. I am inclined to agree. Certainly, experience has shown that those who employ nurses should not be responsible for their education. These boards would function much as regional school boards do in our general educational system. It would be their job to assess the needs of the community for nurses; to determine the manpower or womanpower available, and provide the necessary schools to educate these available people for the jobs to be done. In assessing the needs, boards would have to consider large and small active treatment hospitals in their areas; mental hospitals; nursing homes and public health services. In assessing manpower available, they would consider both men and women — those who are graduating from high school; those who have dropped out along the way; the married women whose family responsibilities allow them to work outside the home.

The next step would be the provision of a general course, probably two years in length, which would prepare students to give good nursing care to patients in active treatment hospitals, mental hospitals, convalescent hospitals, and in their homes. Candidates for the general course should be high school graduates and eligible for registration. There would be a variety of schools responsible for this general course. Some might be centred in large hospitals with appropriate affiliations for wider experience. Others will *not* be located in a hospital, but will use a number of hospitals for clinical experience. Some of these will be day schools and some will be organized especially to meet the needs of men and married women. By a day school, I mean that there will be no residence and students will report for classes and clinical experience on a regular timetable schedule as they would in any school. These day schools will attract into nursing a large group in our society which, up to the present, have been given scant consideration, particularly married women.

I should like to stop for a moment to emphasize the importance of the married women.

> The most revolutionary development in women's work in the post-war years has been the increasing proportion of the female labor force that is made up of married women. In Canada in 1951, 30 per cent of women in the labor force were married; in 1961, ten years later, 46 per cent were married. The number of older women job holders has increased even more than the employment of women generally. This is indicated by the rise in the medium age of women workers over the past half-century. In 1900, the medium age was only 26 years. By 1940, it had increased to 32 years, and by 1956 it had nearly reached 40 years. Today approximately 60 per cent of all women workers are 35 years of age or over compared with 41 per cent in 1940.[3]

Office workers on the whole are younger women which leaves the way open for older women to be recruited for hospital work.

In Canada today a higher proportion of all women are married than was the case 20 years ago. In 1941, 58 per cent of women 15 years of age and over were married; in 1959 the percentage had risen to 66.5. During and since the war there has been a sharp rise in the percentage of women

in the age group 15-24 years who are married. This percentage increased from 21.7 in 1941 to 34.2 in 1959.

> With more years to live beyond the child-bearing period of their lives there has been a notable tendency in recent years for older married women to take up some outside work when their family responsibilities become less pressing.[3]

At the present time in Canada about 30 per cent of the working nurse population is married. Two authorities in the United States state that the average age at which women are marrying is 20 and their average age when their youngest child enters school is 32.

> Does not the question arise whether or not we should provide women who are going to start working at the age of 32 with an education at that point in their lives, and not only at the age of 18 or younger? The large-scale changes which have taken place in the employment of women establishes a new point of reference for considering their education, training and guidance.[4]

The same authorities also state that the evidence is strong that girls of high school age are largely indifferent to advice which has relevance to the shape of their lives when they move into their thirties and forties. Parents, too, are frequently unsympathetic to education and counselling experiences which might place obstacles in the way of their daughter's early marriage, or have the effect of minimizing homemaking activities.

Now, I come back to my day schools. They would have extremely flexible programs, with evening classes when necessary, which would allow married women to live at home, assume limited family responsibilities, and qualify in the general program as graduate registered nurses or, in appropriately organized programs, as qualified nursing assistants.

I should like to return again to the responsibilities of my regional nursing education board. They should be aware of the young people who drop out of school in grades nine, ten and eleven. And, of course, the number is appalling! In our country only two in five of those between 15 and 19 years of age are still in school. Less than one in twelve of the college age group are in college.[14] Many of these young people, both boys and girls, could be recruited into nursing assistant courses which should not be "dead-end" courses. Many of the students who drop out of school, and many of the married women in nursing assistant courses, are capable of becoming fully qualified nurses. It would be the job of the Regional Nursing Education Board, in cooperation with school boards, to help those who wish to do so to further their high school education through late afternoon and evening courses. Our schools of nursing should be sufficiently flexible, particularly the day schools, to advance the nursing education of these students when they are qualified to undertake it.

We should recognize that nursing assistants are here to stay and that they are going to play an ever-increasing part in the care of the sick. From 1952 to 1958, the increase in the number of registered nurses in the United States was 25 per cent, but the increase in the number of licensed practical nurses was 57 per cent.[9] We forget that these licensed practical nurses have at least as much as, possibly more education, than graduate nurses had in the early years of this century.

Another important responsibility of the Regional Board would be to urge students of superior ability to enrol in university programs in nursing. Our society is in great need of people with higher education, women as well as men. There is a real danger that girls with superior ability will be directed into other fields than nursing. At a meeting of high school guidance officers which I attended, one counsellor frankly stated that he directed "B" students into nursing and "A" students to other fields. This point of view stems from lack of knowledge about university programs in nursing and the negative attitude of the medical and nursing profession towards university schools of nursing. Surely the time has come for the nursing profession, at least, to be mature enough to see the advantages of a liberal education and generous enough to give support to university programs even though they themselves have not had the opportunity for this type of education.

> If the nursing act takes place within

a profoundly human context of interpersonal relationships, and particularly, if it is the function of the total personality of the nurse, a primary task for professional education is the development of a rich, mature, well-balanced personality. Liberal education must do three things for this human situation. It must deepen it, and purify it . . . Liberal education must refine her (the nurse's) sensitivities, strengthen her instinctive empathy for others, and enlarge the selfless reach of her will. Literature and history, religion and art are particularly valuable.[7]

We must combat the fear of the medical profession and hospital administrators that higher education will take nurses away from the bedside. There is no evidence that this is true except as the hospital situation forces those with superior preparation into teaching and administrative positions. One study[11] found that young students in all types of schools of nursing preferred working with patients to working with colleagues, but as time passed seniors in the hospital program preferred to work with doctors rather than to care for patients, and were altogether less positive in their attitudes towards nursing than first year students. On the other hand, at the end of their training students in collegiate programs had increased their preference for working with patients.

In my Utopia, university prepared nurses will be doing a larger share of direct patient care. In so doing they will not only raise nursing from the utilitarian plateau on which it now rests but will give status and significance to the work of the staff nurse. There are opportunities for the university graduate to increase the competence of all staff nurses and to help them become clinical specialists.

If my remarks sound too Utopian to be practicable, I should like to say that, in some measure, many of these ideas have been tried with success in other countries. We could learn by being less complacent about our nursing services and by studying what is happening in other countries. Sir Geoffrey Vickers, V.C., in his closing address to the first Canadian Conference on Children held in St. Agathe in 1960, said,

People at a conference always remind me of seals on an ice floe. We gather in hundreds, we bask in the sun, we communicate freely, we see for miles, but we cannot act. To act we have to get back into the green water where we earn our livings, where we shall be next week, where we shall swim like a dream, have all the joys of action but only see just what is in front of our noses. This is part of the human predicament.[6]

What are you taking back from the ice floe into the green water? I am hopeful that you have gained some new ideas or fresh approaches to the nursing predicament that will not be lost when you return to your particular pool of green water.

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"1886 and All That"

Jo-Ann Neff

Everybody loves to be invited to a birthday party, but how many people can have or attend a two-day celebration?

Two days could hardly contain all the events, the nostalgia associated with renewed friendships, and the excitement that surrounded the celebrations connected with the 75th anniversary of the School of Nursing of The Hospital for Sick Children, Toronto.

Mrs. S. McMaster, the founder of HSC, would find many changes from the original, unpretentious, two-storey red brick house which served as the first hospital in 1875. The opening of the fourth building to house the hospital on Jarvis Street in 1886 coincided with the establishment of the school of nursing which, at that time, offered a two-year course.

An addition to the present hospital, and a new department for the School of Nursing are under construction.

Miss Josephine Hamilton was the first graduate of the school, completing her training in 1888.

> The year of 1888 just sparkled with gleams from the sky of success, the shadows had betimes deepened on the work, but in the sunlight of perfect faith, the management felt that even the ambition to have another hospital that would be a model for the world would not be too much to ask for.

This ambition was realized, and in 1892, the College Street building was opened.

The school of nursing had been growing and changing in the meantime. With the interest and support of Mr. John Ross Robertson, new ideas and methods of teaching made it well-known. The course was lengthened

Mrs. Samuel F. McMaster

from two to three years. In 1906, the year the new residence was opened, a preliminary course was established. The HSC school of nursing was one of the first in Canada to introduce this phase into its program. Instead of the probationer going immediately to the wards on entering the School, she was given "a very thorough course in theory with practical demonstrations before being put on the wards as a responsible nurse." It was noted that this proved most satisfactory to the pupil, and also to the patient.

At that period in the School's history, there were 43 graduates and six probationers. To date more than 1800 nurses have graduated from the School. The Alumnae Association was organized on November 13, 1903.

These past events and others were recalled during the two days of anniversary celebrations in late September, 1961. The program was not planned by graduates and students of the School alone. All nurses working in the hospital presently were encouraged to participate and attend activities since it was "their" hospital too. Over five hundred guests attended the opening reception and dinner. Jean I. Masten, who retired during the past year as the school's Director of Nursing, was chairman. Eight graduates of more than 50 years ago were introduced during the evening. They were: Miss Grace Gowans '02, Mrs. J. B. Patterson '07, Miss Mabel McNeill '08, Miss H. Daly '09, Miss D. Hally '10, Miss R. Mooney '10, Miss Jolliffe '10, and Miss M. Gardner '11.

A pageant, "Three Quarters of a Century," or "1886 and All That" was presented following the dinner. The parade of uniforms, depicting those worn from 1886 to 1961, left no doubt that styles have changed. The highlight of the evening was the unveiling of a portrait of the late Mrs. Samuel F. McMaster, by her niece, Mrs. W. E. Gallie who also donated the picture. Mrs. McMaster's daughter, Mrs. William C. French, of Evanston, Ill. was present for the ceremony. After a brief history of the hospital and the school, a toast to the School was proposed to which Elsbeth Geiger, Director of Nursing, responded.

Many parties and class reunions took place later in the evening and on the following day, Dr. John F. McCreary, dean of the Faculty of Medicine, University of British Columbia and a former intern and staff member of the hospital was a guest speaker on the second day. Very appropriately he recalled "75 Years of Pediatrics."

In the residence, pins and books from the archives, as well as modern nursing texts were on display. Miss Hamilton's well-preserved diploma could be seen. Dolls dressed in uniforms of the 24 affiliating schools of nursing were attractively arranged. Continuous films were shown in the lecture theatre. One film demonstrated how replacement transfusions are now being done at this hospital. Other films showed nursing techniques and illustrated how visual aids are employed in the teaching of medicine and nursing, today.

Dr. Rae Chittick, director of the School for Graduate Nurses, McGill University, Montreal spoke of nursing in the future on the last afternoon. Following her address and oil painting, dedicated in remembrance of a classmate, was given to the School by the class of 1956.

The formal anniversary program closed fittingly with a chapel service. It was a dedication of service to present tasks and to those arising in the future. "This charity of ours is not for the present only. It is for all time."

. . . That no human being is inherently better than another human being, is the basis, I think, of the conception of equality in which our society has invested many of its ideals . . . I should define the conception of equality, I think, rather differently, as the conviction that a social function is essential to every human being's life, and that to deprive any individual of a social function is a kind of murder. — H. NORTHRUP FRYE

* * *

Last year nearly 28,000 Canadians borrowed thousands of sick room supplies from Red Cross loan cupboards maintained in 584 communities across the nation. This is a free service.

ADEQUATE STAFFING

SISTER MARY IRENE, C.S.M., M.S.

A study project on a 20-bed surgical unit, Charlottetown Hospital Charlottetown, P.E.I.

The figure of 3.6 nursing hours per patient per day revealed by the study should not be considered final and official. It would be necessary to repeat the study and include the entire department of which this unit was a part.

Introduction

RAPID CHANGES in nursing service administration and production are occurring. Some are concerned primarily with the standard of nursing care, while much has been done on job analysis, job classification, work measurement and the method of patient assignment. Nursing service is performed by people who react emotionally and psychologically to these changes. We do not know statistically what effect these changes have had or are having on nursing service personnel. The result is that nursing service today is subject to a multitude of interpretations and misinterpretations.

However, the all-important question frequently raised by hospital administrators and Hospital Service Commissions is: "How many nurses are needed to adequately staff an individual hospital? What standards may be legitimately used to assure sufficient yet economical nurse staffing?"

Existing staffing standards are stated as ratios of numbers of nurses required in relation to numbers of patients to be served. Or, to put it another way, these ratios are expressed in terms of hours of nursing care needed. Some studies have shown that the average number of bedside nursing hours needed per surgical patient during each 24-hour period is 3.5. This pattern bases staffing requirements primarily on patient census without consideration of other factors that could influence these requirements. Such factors are: the organization and management of the hospital, its physical layout, the kinds of patients it serves and the training, skill and productivity of its personnel. The availability of financial resources and labor supply can also influence the number and type of nurses employed.

For some time now, nursing service administrators have been questioning the figure of 3.5 nursing hours per patient per day. Some have produced figures from actual research which are more applicable to their individual situations. In some instances, even with the use of this standard formula, it is believed that optimal nursing care cannot be given. Since no official pronouncement has been laid down as to what is commonly meant by minimum, adequate and optimum nursing care, we are using those compiled by the Operative Research Standards of Nursing Care Practice by the American Joint Commission on Improvement of Nursing Care.

Minimum nursing care: The least quantity of attention and treatment necessary to maintain the patient's comfort, safety and prevalent condition.

The patient adapts to the established routines of the hospital. He receives the treatment and medication prescribed by the doctor in a safe and clean environment. He verbalizes his needs and these are gratified by the nursing personnel.

Adequate nursing care: A quantity of attention and treatment sufficient to arrest symptoms indicated in the diagnosis and to promote health.

The patient is recognized as an individual personality and the nursing personnel help him to adjust to his condition and his environment. Routines, treatments and medications are carefully explained to the patient and adjustments are made whenever necessary. The nursing personnel is aware that the patient has needs which may be physical, emotional, spiritual or environmental in nature and they attempt to meet these needs.

Optimum nursing care: A quantity of attention and treatment wider in scope and of superior degree, concentrating not only on the complete recovery of the patient but also on his psychological preparation for post-convalescent life.

The patient's needs are anticipated by the nursing personnel and a therapeutic plan is designed for the individual patient which includes physical care, treatment, emotional support, environmental needs, spiritual guidance, health instruction and an attempt at rehabilitation so that the patient returns home with renewed confidence in himself and is willing to adjust his living to his physical abilities.

Background

In the fall of 1960, the Hospital Services Commission asked the Nursing Advisory Committee for advice and assistance in studying the nursing requirements in Prince Edward Island. The Committee attmpted to do this and, to date, has completed three of the areas of study which it had undertaken. The Committee wisely agreed that hours of care needed per patient in the individual hospital, with a consequent staffing pattern applicable to its own situation, should be left to the individual institutions to work out. This study, then, is our first attempt to respond to the request of the Commission through the Nursing Advisory Committee in finding an answer to these problems.

The Problem

This study was designed to determine:

1. The number of professional and non-professional nursing personnel needed to give adequate nursing care in a 20-bed surgical unit.

2. The nursing and non-nursing activities performed by the nursing staff in this unit.

3. Work sampling with the average length of time given to such activities. Work sampling was divided into productive activity and non-productive activity.

Productive activity was divided into certain groups as:

a. *Direct patient care:* Any activity requiring contact with the patient, or any activity which would, if a patient were present, be in contact with him.

b. *Indirect patient care:* Any activity in preparation for or in completion of direct patient care.

c. *Paper work:* Any activity concerned with writing or reading records and other hospital matter.

d. *Communications:* Any activity of verbal communications in line of duty.

e. *Other:*

1. *Patient escorting:* Any off-ward activity connected with transportation of patients.

2. *Errands:* Any off-ward activity connected with procurement or delivery of hospital materials.

3. *Clean-up:* Any activity having the purpose of cleaning up other than that done as part of direct patient care or indirect care.

All other activities were considered non-productive and were classified under personal time.

The Setting

The physical layout of Ward C — a 20-bed surgical unit — consists of three 2-bed rooms and a four-bed room on each side of the corridor, each equipped with running water and a toilet with bedpan flush. A shower is located at the end of the corridor (beyond the wards) which continues on to the operating room suite.

The individual patient's unit consists of: a rod suspended screen for privacy, bed, overbed table, light, signal light, footstool, chair, bedside table containing wash dish, soap dish, emesis basin, tooth mug, bedpan, urinal, thermometer and jar. Terminal sterilization of bedside table equipment is provided for in Central Supply on the discharge of the patient. A "superloafer" chair is shared between two patients. Individual wardrobes are provided for each patient.

The department, of which this unit is a part, is a T-shaped area accommodating 49 patients. Centrally located are the dispensary, utility room, examining room and diet kitchen from which meals are served from preheated food trucks by the dietary staff. Dishes are washed in a central dishwasher on the ground floor.

A 24-hour stock of supplies is kept in the dispensary and is replenished by the C.S.R. aides daily — some

supplies, such as syringes, are supplied twice daily. Such supplies as catheter trays, dressing trays, intravenous therapy equipment are kept in stock.

Two bath tubs in private units are also located in this central area. There is a phone booth for ambulatory patients and visitors. Telephone service is available in the patient's room upon request, at his expense. No private phones were installed during the 2-week study.

The linen cupboard (unlocked), stocked with a 24-hour supply, is conveniently situated. The supply is replenished by the laundry staff. Portable carts for the soiled linen are taken to the bedside. The soiled linen is collected in them as soon as it is removed from the bed. These bags of soiled linen are taken to the laundry three times daily by the laundry personnel.

Attesting to the belief that the fewer the visiting regulations there are the better the situation, the policy that patients may have visitors from 11:00 A.M. to 9:00 P.M. was in effect when this study was done. More generous visiting hours decrease the number of visitors at one time and allow for a better relationship between visitors and the nursing staff. However, it is the head nurse's privilege to modify visiting regulations in accordance with the patient's needs.

Methodology

It was planned that the regular staff would be increased to the point where this unit would be overstaffed. Gradually, some of the staff would be removed until such time as the group felt that they were still giving *adequate* nursing care and that the patients were satisfied with the care given.

The staff in this department, as well as all the nursing service personnel, were given a complete orientation to the problem under study. A notebook was provided for the staff on each 8-hour tour of duty with instructions to record the following data:

1. Number of patients at the end of the shift.
2. Number of patients admitted, if any, during the 8-hour shift.
3. Number of discharges, if any, during the same time.
4. Breakdown of patients into:
   a. bed
   b. ambulatory
5. Clocked tabulation of treatments, medications and work sample.
6. Number of staff, with different categories listed as: part-time or shared personnel, professional and non-professional.

Findings

Problem 1 — Staffing

According to plan the regular staff for a 24-hour period, consisting of 2 R.N.'s, 3 students and 1 pupil nursing assistant, or 4 students, 1 licensed nursing assistant with the services of part-time help from an orderly on each shift, was increased by 2 R.N.'s and 1 licensed nursing assistant. After 2 days the student nurses were increased to 4. In the last week of the study, the staff was decreased. During the same period of time, the number of patients was not altered but the work load was lighter.

Within 24 hours after the study began, we realized that the unit was not *overstaffed* as we had planned but that we were just about meeting the requirements for "adequate nursing care."

Although the time period was a random sample, this 2-week period showed that the bed occupancy was high and that the patient load was uniform with a wide variety of general major surgery. Each day from two to five acutely ill patients required the skilled care of a professional nurse. The following classification of patients indicates to some degree the amount of care needed.

CLASSIFICATION OF PATIENTS ACCORDING TO NEEDS

Date	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Bed patients	7	9	10	8	10	6	8	10	12	10	12	10	11	10
Ambulatory	9	9	6	9	6	9	8	7	7	8	5	8	8	7
Self-care	2	0	2	1	0	1	2	1	1	2	2	0	0	1
Acutely ill	3	3	5	3	3	2	2	3	3	3	3	2	2	1
Constant Ng. Care	0	0	8H	14H	16H	16H	6H	0	0	0	4H	0	0	0

Acutely ill: A patient whose illness is severe or intense and whose diagnosis is doubtful.

Ambulatory: Patient not confined to bed. Most of these patients needed assistance in getting out of bed, walking, bathing and such activities.

Sampling of Surgical Conditions

Cholecystectomy with C.B.D. drainage — one

Abdominal-perineal resection (colostomy dressings) — two (1st and 2nd day Post. Op. when study began)

Colostomy (Discharged three days after study began)

Peptic ulcer with gastric hemorrhage

Fractured cervical vertebra

Perineorrhaphy and hysterectomy

Severe nasal hemorrhage (to O.R. three times)

Incomplete abortion, hemorrhage

Accidents: Compound fracture of femur — open reduction, body cast — internal cerebral hemorrhage, shock

Ruptured intervertebral disc.

SUMMARY OF STAFF AND HOURS OF CARE GIVEN

	Staff	*8-hour shifts*	*Hours of Care*
Professional	R.N.'s	40	320
	Students	34 Intermediates 75% Equiv. less class time	204
		14 Seniors 90% Equiv.	101
Non-Professional	L.N.A.	29	323
	P.N.A.	1 50% Equiv.	4
	Orderlies	Part time	34
	Ward Clerk	Part time	22
		Total	917

Average number of patients — 18

Time period in days — 14

Number of patient days — 252

Each patient averaged 3.6 hours of care in 24 hours.

Problem 2 — Duties performed

Nursing duties performed by nursing personnel consisted of the usual measures used in meeting the patient's personal needs. Statistical information is not available to indicate breakdown here as to physical, psychological, emotional and so forth.

Non-nursing duties may be classified under:

1. Housekeeping — care of bedside table equipment — cleaning and preparing for terminal sterilization — returning equipment to bedside after it is sterilized.

7-3 shift — average of 11 minutes daily

3-11 shift — average of 27 minutes daily

Most of this was done by the nursing assistants, some by the orderly and a smaller amount by the student nurses.

2. Dietary — checking menus with patients.

7-3 shift only. Time range 10-30 minutes daily.

Average length of time 15 minutes daily.

Assisting with patients' trays.

Ward and dietary maids deliver most of the trays but nurses help when time permits.

Problem 3 — Work sampling

Productive

1. Direct patient care — 62% of the total hours on duty spent in providing comfort to the patient.

2. Indirect patient care — Information not complete and accurate but percentage of time small

3. Paper work — Approximately 7%

4. Communications — 7%

5. Other — Patient escorting — 1%
Errands — 2%
Clean-up — 1%

Non-productive and personal

20% including indirect patient care.

Precise statistical validity and reliability are not claimed for *all* data obtained in this study. This is particularly true for the findings to problem no. 3. All hospital personnel, as well as the doctors, were extremely inter-

ested in the study. The nurses working on this unit cooperated extremely well in recording data. However, there were many variables present which affected the accuracy of the findings, not least among them being the fact that this was the first study of this type that we had done.

This study added to our conviction that the original quantity of nursing personnel in this concentrated surgical unit had not been sufficient to give adequate patient care. With the increased staff we believe that the nursing care is adequate but not optimal.

It is conceded that safe nursing care is provided when two-thirds of the nursing care is given by professional staff. We were slightly below this figure.

The 3.6 hours of care per patient per day actually included hours of patient care. It did not provide for days off as the standard 3.5 formula is expected to do.

Recommendations

1. That the study be repeated and include the whole department of which the 20-bed unit is a part. It is further recommended that such a study be carried out in all the other departments in the hospital giving direct care to patients.

2. That we critically examine the present staffing pattern in each department of the hospital in relation to the ratio of professional to non-professional personnel.

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IN THE GOOD OLD DAYS

(*The Canadian Nurse* — JUNE, 1922)

I know of no service that has been "commercialized" as has the nursing service. Thousands of dollars have been collected annually, especially from non-graduate or sub-nursing persons, by unscrupulous commercial registries. They ignorantly undertake to supply the public with nurses, and very often substitute an untrained or unskilled service when and where skill is needed. Members of the community suffer in consequence. The whole nursing profession is condemned for the lack of knowledge and skill demonstrated by these so-called nurses.

* * *

Nurses should be especially prepared in regard to the composition of foods, food values and the proper arrangement of different diets. In this respect her knowledge should be equal to that of the physician, if not exceed it. He is called upon to decide what kind of diet is indicated but the practical application of that diet assuredly comes within the sphere of the nurse.

* * *

The Victorian Order, recognizing that the university is the logical body to provide theoretical training in meeting public health problems, has discontinued its post-graduate course after nearly 25 years. It is cooperating with the various universities in which courses are now established by giving the students field work experience in the bedside care of patients in their own homes.

We have not been able to define with sufficient clarity, recreational and leisure time goals. Too often we think of recreation as a shield against delinquency rather than as meeting normal needs of everyone.
Canada's Health and Welfare, Vol. 16, No. 8.

The proceedings of the Fourth Canadian Conference on Mental Retardation, held in September 1961 are available from: the Canadian Association for Retarded Children, 317 Avenue Rd., Toronto 7, Ont. 153 pages, price $1.00.

Put the Heart Back into Nursing

MARGARET-ISABEL GIBSON

Are most nurses engaged in the nursing business or in the business of nursing? Do we always take home a sense of pride in a job well done at the end of a day? It is entirely possible that many people leave their daily place of employment having gained no more than a monetary reward for the day's work. How much happier we could be if perhaps we gave a little more of ourselves!

Important — Yes or No?

"TIME IS OF THE ESSENCE;" "I just don't have enough time;" "We are so busy;" "We are so short of nurses." These are complaints that ring through the halls of most hospitals these days. Is there really a shortage of nurses or is it a shortage of good nursing care? If we break down our days into minutes instead of hours, how many of those minutes are wasted or spent on things other than for the benefit of the patient? Has the patient really retained his importance, or has he been relegated to a position in the structure of hospital society known as "a piece of protoplasm in a bed?" Do we honestly care about him — his needs, his fears, his well-being?

A hospitalized person is, in many ways, an isolated person, cut off from his normal pattern of living and his associates. He is acutely aware of everything that goes on about him and usually puts his own interpretation on the actions and words of the staff. Selfishly, perhaps, he applies his thinking only to himself but then, he is sick. If we appear impersonal in our contact, or if we appear to be more concerned with the clock than the patient, this attitude cannot help but be interpreted by him as evidence of our lack of interest. To further illustrate this point consider the impact of the following situation on a patient:

> A nurse is informed just before a shift change (and remember, most patients are as aware of the shift changes as the nurses!) that an incontinent patient requires a clean bed and a new dressing. In order to speed up the procedure she enlists the aid of another member of the nursing team and the resulting conversation is: "I have so much to do this evening — shopping, go to the cleaners and then have dinner ready by six." The other replies, "Yes, it just seems there is not enough time to do all the things I have to do at home either, and now we will be late getting off."

During this conversation both persons are working as quickly as possible, flipping linen and patient about none too gently. You may feel this is a greatly exaggerated situation, but is it really? Think how the patient felt — probably as if he were a great burden to all concerned. If the two nurses had gone about their duty efficiently and cheerfully, eliminating their discussion of hours before the patient, how much differently he would have felt. Do we really consider the patient as the most important person in the hospital or are we far more concerned with the business of getting off duty on time. How many of us just "put in" time for eight hours? How many find that eight hours are insufficient to do the many things we would like to accomplish — *for the patient?*

New Goals

A long, hard look at our achievements as nurses may give us new goals to attain. One of these is the satisfaction of knowing that the patients we have cared for have received the best possible nursing care, the utmost in understanding and the greatest degree of tolerance. How much warmth is felt when a patient says, "I missed you yesterday on your day off. I'm so glad you are back today." Do you not treasure the little smile and warm words deep in your store of memories?

Our second goal might be the respect of fellow workers and employer. This is gained when you become a responsible member of a team; when you foster the sense of team unity; when

you bring a cheery attitude to your work; when you do your share and do not try to pass off less desirable tasks to others. Have you ever heard someone say "Oh, she is so lazy, always asking for help but never giving any. She is always complaining." Are they talking about you? Would your day not be a happier one if you took pride in the fact that you shouldered your share of the day's responsibilities? Everyone wants to be liked. Nurses are no exception. We want our associates to like us and respect us, not only for our knowledge but as persons.

In the third place a nurse who takes pride in her work and an interest in people at her place of employment usually carries these attitudes over into her own home and community. If she gives of herself in one place, she will find that she does the same in another situation. She has an obligation to respect the privacy and trust of her patients and employer. She must have a reputation for doing so. No one likes a "gossip" and a nurse who is a gossip cannot help but degrade her profession and, in turn, be the talk of the neighborhood. The contrary can also be true. I have heard many people refer with pride to the fact that a nurse lives in their building: "Jane must be a wonderful nurse. She is such a lovely person, so gentle and always willing to help." A nurse can feel the warmth of patients, fellow workers and her neighbors but she must earn all three.

Interest and Communication

Did it ever occur to you that in order to show a sincere interest in any human being, you must first communicate with him? We all like to seek the opinions of those we admire. No matter how insignificant a patient's questions may seem he has the right to expect an answer that is satisfying to him. If we gave a little more thought to what he is asking perhaps we would discover the small "something" that is holding back his progress. A nurse as a result of her training is used to a degree of regimentation but a patient is not. In all probability he is master of his home, giving the orders, making the decisions. In hospital he becomes the object of decisions that have been made for him. How much easier it would be for him to accept this if it were properly explained.

How many of us have found ourselves in a strange environment, alone, worried, frightened? How very much a few kind words or an explanation mean at such a time! Let us consider the person who is flying home on an urgent family matter — her first flight. The airline personnel are hired with one thought in mind, *the comfort of the passenger.* A stewardess comes to her and says:

> I'd like to explain your seat mechanism to you. Here is your ash tray, reading light, etc. By the way, the engines give off quite a glare at night, so don't be alarmed. If I can do anything to make your flight more pleasant, I am at your service. It is nice to have you aboard.

Doesn't that make you feel important? Why not apply the same technique for our patients?

> Your bell is right here. Ring if there is anything I can do for you. I know the hospital may seem strange to you but we are all doing our best to get you well and home. If you hear footsteps at night, don't worry. We make rounds very frequently to see that everyone is comfortable.

Take the time for hospital amenities. They are appreciated. The patient feels that he *does* matter, that you *are* concerned. Doing the "little things for the patient," little things that mean so much, is of greater importance than the most beautifully kept nurses' station.

Is it too much to expect the nurse to have a smile on her face and a sense of humor? Most patients look better and feel better if they smile occasionally, and it doesn't take much effort to accomplish that. If we would only take the time to think of our patients as guests or acquaintances that we are privileged to know for a few short days, would we not give them a little more consideration? Conceding that the status of the profession gives us dignity, that dignity was never meant to replace our hearts. This all brings us back to the question of time.

Using Time

Time is a relevant thing at best. Once spent it cannot be recalled and

it cannot be saved; it simply passes. Why not take advantage of every second? Far too often we worry about the hours and forget about the minutes. We can always make time for the things we want to do. How many times a day a patient might like to ask for something or about something but refrains from doing so because the nurses seem so busy. Does this not make for poor personal relations and, in the end, more work? If the patient's wants were satisfied initially perhaps we would not have to make that extra trip down the corridor to find out why he isn't eating properly or why he isn't taking the interest we think he should in his recovery.

The key word in the proper utilization of time is organization. Wasted time is lost time. Each day is a working unit in itself. To reiterate, worry about the minutes. Perhaps there is a little time before the breakfast trays are up. Use it to collect the supplies that you will need; to organize your thinking toward your day: "I'll start Mrs. J. and Mrs. M. at their baths and I shall do Mrs. S. Then I can go back and helps the other two." Finish each unit completely before you move on to the next; this eliminates running back and forth. Do not be afraid to ask for assistance from your team leader or head nurse. If you do not understand something you may waste time trying to struggle along when clarification would make you more efficient. If you have to make a trip to the dispensary, make sure that one trip will suffice. Before you start your charting make sure that you have all the information you require. Know your patients; don't make extra work for yourself by having to run back and forward, checking details that should have been observed in the course of patient care. This shows poor interest and poor organization. Do each task cheerfully and well; a half-done job usually has to be done over again — a poor way to use your time. If time is properly allotted throughout the day, we can find those extra few minutes to give the patient the personal contact he so much needs and deserves. There are always people to whom we can turn for help in organizing our work.

Working with Others

We have a responsibility not only to our patients but also to our fellow workers. Compatability is essential in the proper management of any endeavor. If we do not have the cooperation and respect of co-workers, how can we expect to be an efficient part of a hospital team? Is it too much to ask that every one of us considers other hospital personnel as human beings, and resolves that a hospital or any institution of healing is not the place to discriminate between race, color, creed or social status? Is it too much effort to speak pleasantly to the people we encounter? People working in a hospital cannot work independently of each other; each assignment is dependent upon another.

Every person has the right to consider his or her contribution important. If he is happy in his endeavor and feels that he is needed, a greater amount of work will be done willingly. Perhaps the feeling we have that some people are doing just what they have to do and nothing more is justified; but perhaps we are blaming the wrong person. Should we look in the mirror and see if we are not to blame for their attitude and then do something about it? To have people work efficiently and willingly for you, to have them respect your decisions and not grumble about trivial things, to have them take a real interest in their job, means that you must first set an example. If each one of us sets the goal of being the best possible nurse, do you not think we would accomplish much more in patient care, and in general esprit de corps? The feeling that there is communication should exist not just between fellow workers but throughout the whole institution. People in administrative positions should not be unattainable; they should be willing to discuss the nurse's problems with her at any time, and to show an interest in each member of the staff. How often one small word of praise works miracles! We should respect senior members of the staff, but to gain the loyalty of their staff for themselves and their institution, they too must earn it.

If we are happy in our work, considerate of others and have a sense

of satisfaction in our accomplishments, we will be better balanced people. If we take pride in our profession and set a good example and if we are a source of pride to our community, we will be accomplishing something worthwhile. With this in view here are five commandments with which to start a day's work.

1. I shall give the best possible nursing care today.
2. I shall endeavor to overlook nothing that will add to my patient's comfort and lessen his apprehension.
3. I shall treat my fellow workers with courtesy, with respect for their feelings, asking rather than demanding.
4. I shall do my share willingly and cheerfully without complaint.
5. I shall refrain from entering into any discussion not becoming to my profession.

Let each of us strive for a better relationship with our patients. If we take time for the kind word, the explanation, the little word of praise or the small gesture of appreciation, we would all be better nurses because we would be better people. Let's put the heart back into nursing.

In Memoriam

Joyce Elizabeth Bragg (Oshawa General Hospital, Ont. '55) died suddenly in Bowmanville, Ont. on February 28, 1962. Following postgraduate study in St. Michael's Hospital, Toronto, Miss Bragg became operating room supervisor in a Pembroke, Ont. hospital. She had retired from nursing almost three years ago due to ill-health.

* * *

The Alumnae Association of St. Michael's Hospital, Toronto has announced the decease of several of its graduates. A memorial tribute is paid to: **Marion (Weldon) Blastorah** '48; **Isabel (Sinclair) Carty** '34; **Mary (Keaney) Compton** '21; **Teresa Huntley** '21; **Mayme (Doherty) Ingoldsby** '17; **Gertrude Mulhall** '24; **Mary Patricia (Murphy) Strong** '36.

* * *

Bessie Long Colter (graduate of a Hartford, Conn. hospital) died in Fredericton, N.B. recently. She was 87 years old. Miss Colter served overseas as a nursing sister during World War I.

* * *

Viola Jane (Clarke) Evans (St. Paul's Hospital, Vancouver '27) died this year.

* * *

Martha Alice Fortune died in St. Catharines, Ont. on March 19, 1962. She had served as a nursing sister during World War I and following this she was assistant matron of St. Anne de Bellevue Hospital, P.Q. She was a school nurse and Board of Health nurse in St. Catharines for 21 years, retiring from active nursing in 1945.

* * *

Grace Harris (Ottawa Civic Hospital '29) died in Vancouver on February 25, 1962. She was the regional supervisor of nursing for the B.C. Division of Indian Health Services.

* * *

Beatrice (Guernsey) LeBeau (Royal Victoria Hospital, Montreal '07) died in Vancouver on March 23, 1962.

* * *

Beatrice Elda (James) Lemieux (Lady Minto Hospital, Cochrane, Ont. '33) died on March 16, 1962 in Hamilton. She had engaged in private nursing.

* * *

Susan Miller (Campbell) Morton (Hamilton General Hospital '12) died in Hamilton on March 12, 1962.

* * *

Blanche Louise (Swanston) Webb (Winnipeg General Hospital '21) died in Vancouver on March 2, 1962.

No government, however welfare-minded, should hope to solve an unemployment problem by building rest homes or granting pensions to able-bodied men who are not ready for rest and who do not want to rust out the remainder of their lives.

— WILDER PENFIELD, *Saturday Review*, Sept. 2, 1961.

NEW EFFECTIVE DRUGS in Psychiatric Therapy

H. E. LEHMANN, M.D.

A quiet revolution has taken place in certain areas of psychiatric therapy during the last 10 years and the new drugs have played an essential role in this therapeutic revolution.

DURING THE LAST decade interesting and important developments have occurred in the field of psychiatric therapy. Reactions to these developments have ranged from the excessive enthusiasm expressed by those who thought that with the discovery of new effective drugs we had come close to the final solution of all psychiatric problems, to the almost cynical scepticism of those who saw the introduction of new psychoactive drugs mainly as a new fad in therapeutics to which they responded with the often-heard quip: treat your patients quickly while the drug is still new and will work!

However, the dramatic improvement in our treatment results have affected mainly our management of psychotic patients, that is, those psychiatric patients who suffer from severe mental diseases and used to be confined to mental hospitals. Contrary to popular ideas on the subject, the new drugs, whether they be referred to by such catchy terms as "tranquilizer" or "energizer," have not been of any substantial help in the management of the so-called minor psychiatric problems which also happen to be the most common ones, namely the psychoneurotic disorders typically presenting themselves in the form of anxiety symptoms.

Psychopharmacology

An entirely new scientific discipline has emerged whose task it is to deal with the manifold and complex aspects of the drug treatment of psychiatric illness. This new discipline is called psychopharmacology. It refers to that branch of pharmacology which is concerned with the discovery of new psychoactive drugs and with the understanding and interpretation of the various pharmacological, physiological and behavioral mechanisms through which these drugs act.

What is a psychoactive drug? It is a chemical substance that has the property of influencing human psychological processes, that is, human experience or human behavior. Such substances are also referred to by the general term "psychotropic" drugs. Back in the dawn of recorded history, "psychotropic drugs" were probably the first pharmacological agents man used once he had discovered the intoxicating effects of alcoholic drinks and the stimulating action of caffeine-containing substances.

Anesthetics, narcotics, analgesics and sleep-inducing drugs all belong in the category of psychotropic drugs. It is thus obvious that the new science psychopharmacology did not have to start from scratch; it already had at its disposal a considerable number of effective drugs, though it still had to develop a methodology of its own to interpret the mechanism of action of these drugs and to deal with the numerous new phenomena which were observed following the introduction of an entirely new class of drugs, just about 10 years ago.

Classification of Psychotropic Drugs

At this point, it would be best to consider the classification of all psychotropic drugs. Unfortunately, no general understanding has yet been reached on this question, so that one will find a great variety of systems in this field. The following brief and simplified classification will be offered here for the purpose of a general orientation.

Psychotropic Drugs

I. *Affecting the level of mental and behavioral activity or arousal:*

1. *Psycho-stimulants*
2. *Psycho-inhibitors*
   a. hypnotics (sleep-inducing)
   b. tranquilizers or sedatives (tension-reducing)

II. *Affecting the quality or intensity of emotional or affective states:*

3. *Anti-depressants*
4. *Anti-anxiety drugs*

III. *Affecting the integration of perceptual and cognitive processes:*

5. *Psychotomimetics* (inducing artificial psychotic states)
6. *Anti-psychotics* (counteracting specific symptoms).

Psycho-stimulants and Psycho-inhibitors

Examples of psycho-stimulants are caffeine, dextroamphetamine (Dexedrine) and methylphenidate (Ritalin). All stimulants increase activity and alertness, combat fatigue and drowsiness. The last two drugs also frequently elevate the mood and produce a state of increased well-being. This holds, however, only for a comparatively healthy person. An anxious individual will, as a rule, become more anxious and a depressed person often more agitated but not less depressed when given psycho-stimulants. The psychiatric use of these drugs is comparatively limited, and restricted to states of chronic fatigue and lack of energy.

Psycho-inhibitors are well known to most people since there is hardly a person who has not taken a sedative at one time or another. The big family of barbiturates, as well as chloral hydrate and paraldehyde, represent the older type of sleep-inducing drugs. In smaller doses they are effective daytime sedatives, for example, sodium amytal or phenobarbital. Some newer drugs also belong in this category, for example, meprobamate (Equanil) and methaminodiazepoxide (Librium). When prescribed for daytime sedation these drugs are expected to reduce excessive anxiety and, to the extent that they can do this, they are also anti-anxiety agents. Sedatives or tranquilizers are probably used too widely for this purpose. We still do not possess a good drug that will directly reduce or eliminate anxiety without also making the person quite drowsy. The old bromides came, perhaps, as close as any drug to accomplishing this requirement but the frequency of toxic side-effects has led to a considerable restriction of their application in recent years.

Inhibition and Disinhibition

Among the psycho-inhibitors, one should distinguish between those which produce their sedative effect by first inhibiting the highest centres of the central nervous system located in the cortex of the brain and those which inhibit the lower sub-cortical centres first.

Drugs which inhibit the highest centres first, in doing so, also release the lower brain centres from the control that the higher centres exercise over them; the result is a state of disinhibition. Such disinhibition manifests itself as the first stage of intoxication in the form of elation, increased activity and decreased rational judgment. The general impression one gains then is one of stimulation, but the increased activity which results from small doses of alcohol or barbiturates is really a pseudo-stimulation. The true nature of such disinhibition becomes clear when tests of judgment and other intellectual functions are applied. (The disinhibited, pseudo-stimulated individual will not perform as well as he did before taking the drug, while an individual who is under the effects of a true stimulant will usually perform better than before.)

On the other hand, drugs which manifest their sedative action by first inhibiting the subcortical centres of the brain leave the higher control centres intact and therefore do not produce states of disinhibition. Such drugs were not known until about 10 years ago when Delay and Deniker in France discovered that chlorpromazine (Largactil) would produce most effective sedation without appreciably impairing the person's judgment or other rational faculties — in other words, without producing intoxication and disinhibition. This was a startling discovery since, until then, we had always thought of sedatives as substances whose therapeutic effect was purchased, so to speak, at the expense of rational control.

Since then a number of drugs with similar properties have been developed. It was to those substances that the term tranquilizer was originally applied. However, within a short time, the new term lost its meaning and was given indiscriminately to any new drug with psychotropic properties. A number of these new "tranquilizers," far from rendering the patient more quiet, actually produce the opposite effect. For the sake of clarity it would be better to reserve the term "tranquilizer" for drugs which have the property of sedating a person without producing disinhibition during the early stages of this sedation.

In practice, this is an important distinction. The so-called paradoxical effect of barbiturates (Nembutal; Amytal) on some patients, particularly children and aged persons who may become more excited after such a drug, is, in most cases, simply the manifestation of the first disinhibited phase of the drug's action. In patients whose condition is already characterized by inadequate inhibitory controls, as, for instance, in certain excited hysterical states, the administration of a barbiturate or another old-type sedative might lead to a very troublesome increase of excitement with complete loss of all residual rational control. Such undesirable effects can be avoided with the new type of tranquilizer. Another advantage these new drugs possess is the fact that they are not likely to produce addiction, precisely because they do not produce the state of disinhibited elation which, with other drugs, may lead to a craving for continued repetition by patients who become dependent on them.

Anti-depressants and Anti-anxiety Drugs

Until the discovery of convulsive therapy by Meduna in Hungary and Cerletti in Italy, in the late thirties of this century, psychiatrists were practically helpless when faced with patients who were in deep depression, since no effective treatment was known for this affliction. Convulsive treatment (in the form of Metrazol injections, or now administered almost exclusively as electrically-induced convulsions) gave us for the first time, a powerful weapon in the fight against this terrible illness. However, there were several drawbacks. Electroconvulsive treatment requires certain preparations, cannot easily be administered in the patient's home and usually produces a temporary loss of memory which at times may be embarrassing to the patient and his family.

It was a great step forward when quite recently, that is, during the last 5 years, certain drugs that can eliminate the symptoms of a depression were discovered. These drugs which are called anti-depressants, are not quite as effective as electroconvulsive therapy but can be relied upon to help in 60 to 70 per cent of depressed cases.

The anti-depressant drugs can be divided into two categories, the so-called monoamine-oxidase inhibitors and the ones that do not belong to this class. Monoamine-oxidase is an enzyme in the brain, a substance with the normal property of destroying certain hormones which are important for brain metabolism. If this enzyme is inhibited these hormones are not destroyed but allowed to accumulate. Mental depression may be due in part to an insufficient supply of these hormones (nor-epinephrine; serotonin) and drugs which inhibit their destruction may, therefore, combat depression.

It is important to realize that anti-depressant drugs which are monoamine-oxidase inhibitors should not be given at the same time as anti-depressants which are not in this category, because these two types of anti-depressant drugs are incompatible with each other. If one switches from one type of anti-depressant to another, sufficient time must elapse for the effects of one drug to have disappeared before the other takes over.

In general, it takes a week or two before the therapeutic effect of any anti-depressant drug become noticeable, but administration usually needs to be continued for several more weeks or months in order to prevent a relapse into depressive symptoms.

Phenelzine (Nardil), isocarboxazid (Marplan) and tranylcypromine (Parnate) are anti-depressant drugs belonging to the class of monoamine-oxidase inhibitors, while the anti-de-

pressants imipramine (Tofranil) and amitriptyline (Elavil) have no inhibiting effect on monoamine-oxidase.

Anti-anxiety drugs are characterized by the fact that to some degree all of them exert a sedative action. The old familiar barbiturates are good anti-anxiety agents and, of the newer drugs, so are meprobamate (Equanil) and methaminodiazepoxide (Librium). However, one should realize that the pharmacological approach to anxiety states results, at best, in the temporary suppression of symptoms, and, when long-continued, may lead to chronic dependency on the drugs. The treatment of choice for chronic anxiety states is the psychotherapeutic method. The same new drugs which have produced such spectacular results in the treatment of psychotic conditions, in particular the so-called phenothiazine derivatives, have been disappointing in their effect on neurotic anxiety.

Psychotomimetic Drugs

We now dispose of a number of substances which are capable of producing a model psychosis, that is, a state of artificially-induced insanity in normal, volunteer subjects. Some of these substances are extracted from cacti, such as mescaline, others from certain mushrooms, such as psilocybin, and still others are synthetic products for example, L.S.D. - 25. These drugs will produce perceptual changes in everyone and, in some persons, will evoke hallucinations. For this reason the drugs have also been called hallucinogens.

Until now they have found very little application in therapy and their principal importance rests in their value as experimental tools of research into the metabolic, physiological and psychological mechanisms operating in psychotic conditions.

Anti-psychotic Drugs

The main representatives of this type of drug are the phenothiazine derivatives and reserpine. The latter substance is a product of a plant from India, namely *Rauwolfia serpentina*, which is also being used widely in the treatment of hypertension. The phenothiazine derivatives owe their name to the fact that they all possess the phenothiazine nucleus in their chemical structure. A considerable number of these drugs, each different from the other according to the chemical side-chain which is attached to the phenothiazine radical, are now available for the treatment of psychotic conditions. Examples are chlorpromazine (Largactil), perphenazine (Trilafon) and trifluoperazine (Stelazine).

A psychosis is a severe mental disorder which deprives the patient of normal perception and rational thought. It consequently brings about a profound disturbance of the patient's contact with reality. This is often expressed in such symptoms as hallucinations, delusions and deranged abstract thinking. Until the advent of the new anti-psychotic drugs, the only effective treatments for such psychotic conditions of functional origin were the shock therapies — insulin coma and electroconvulsive. So unexpected was the discovery of these drugs 10 years ago, that anyone suggesting five years earlier that we would soon be able to treat paranoid delusions with pills would probably have been regarded as rather naive.

Since the administration of drugs is a more simple treatment than shock therapy, but at least as effective, it has now become possible to treat a number of psychotic patients who previously would have been committed to a mental hospital in an out-patient setting or even at home. The home treatment of seriously-ill psychiatric patients has created the need for many more psychiatrically trained nurses than are available at present. The public health nurse with psychiatric training, who visits the patient and his family in the home and supervises his treatment, will undoubtedly play an increasingly important role in the near future.

The new anti-psychotic drugs have made it possible, for the first time, to remove the symptoms of many chronic mental patients who used to be considered incurable. This has led to revolutionary transformations in the appearance and organization of mental hospitals and to the introduction of the open-door policy and many other liberal changes. The population of

mental hospitals is decreasing and there is a steady flow of former mental patients back into the community. Most of them will continue to function adequately only if they continue to take their prescribed anti-psychotic medication regularly. Since many patients are reluctant to do this — as many diabetic patients are reluctant at first to adhere to their diet or to take insulin daily — the important task of supervising the regular maintenance treatment with these medications falls to the family, the visiting nurse and the after-care clinic. The new, anti-psychotic drugs have reduced, to less than half, the risk of a recovered psychotic patient suffering a relapse.

Perhaps the most important contributions of these new drugs to psychiatric therapy in the last two decades, are the therapeutic effects of the new anti-psychotic drugs on chronic psychotic patients and the power of these medications to prevent relapses and to maintain former mental patients in a normal, functioning state.

Side-effects

Most of these new drugs are apt to produce a number of side-effects in the patients. These might include skin rashes, dryness of the mucous membranes, excessive sweating, somnolence, dizziness, jaundice, syncope and convulsions. Those most frequently seen are lowering of the blood pressure and the various extrapyramidal brain symptoms. These symptoms usually manifest themselves as drug-induced Parkinsonism with tremor, rigidity and a mask-like face, but often they appear as a form of peculiar muscular spasms or as the so-called akathisia, that is, an inability to keep still for any length of time. To prevent the patients from becoming too handicapped by these extrapyramidal symptoms, other drugs with special anti-Parkinsonian effects such as trihexyphenidyl (Artane) or methanesulfonate (Cogentin) often have to be prescribed. All of the side-effects, including the extrapyramidal ones, will disappear when the dose of the drug is reduced or the drug discontinued altogether. Since these drugs produce definite photosensitivity in many individuals, all patients who take phenothiazine derivatives regularly must protect themselves carefully against direct rays of the sun in the spring and summer or they may develop severe sunburns.

On the whole, however, most of the phenothiazine derivatives are remarkable for their low toxicity, and serious complications develop very rarely.

Summary

The discovery of a new class of psychotropic drugs has ushered in a tremendous development of research in psychopharmacology. It has also led to sweeping changes in the management of psychotic patients during the acute treatment and rehabilitation phases. A classification of psychoactive drugs, according to their effects on human experience and behavior, has been presented and the indications and contra-indications for various drugs, as well as their side-effects, have been discussed. A careful diagnosis of the patient's mental condition and a thorough understanding of the psychopharmacological principles involved, are the basic requirements for the successful application of these new therapeutic agents.

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An Editorial

The following commentary appeared in *The Ottawa Journal* on March 28, 1962, and is used with permission of the editor-in-chief.

THE NURSE'S CHANGING ROLE

The Canadian Nurses' Association placed 24 recommendations before the Royal Commission on Health Services on March 26. It is symptomatic of the problems of the modern nurse that only four of these dealt with nurses' salaries. The need for adequate remuneration is not mentioned until the 16th recommendation.

The questions bothering today's nurses arise out of the tremendous change in the practice of medicine during the past years. Twenty years ago the nurse's role was far simpler than it is today, though she was working longer hours and perhaps doing harder labor. Now she is part of a much larger team, which thrusts new responsibilities upon her and may result in the loss of some individuality and of her ability to give close personal attention.

Nursing, like medicine, is in a period of transition. Love and kindness and sound instinct are only the beginning. The duties of a nurse today — her responsibilities in re blood transfusions, intravenous medication, inhalation therapy — all need to be defined for the nurse's and the patient's welfare.

The nurses' brief shows something of the conflicts the profession feels. It expresses resentment of the wastefulness that results when nurses are given work which non-professional staff can do. On the other hand, there is uneasiness about nurses doing tasks which properly belong to doctors. The nurse in smaller communities and hospitals often becomes, through necessity, a miniature doctor. That is a tribute to her competence but it is unfair and dangerous to force the nurse to make decisions and perform duties beyond her own responsibility.

There are signs in Ontario that a better definition of nurses' duties is being formulated. Agreement has been reached on the medical procedures which can be carried out by nurses whose competence has been specified by a hospital and the Ontario College of Physicians and Surgeons has expressed its approval.

The Canadian nurse's conditions of work have greatly improved, though not enough, it should be noted, to prevent more than 10,000 nurses from emigrating to the United States in nine years. Let their conditions be improved still further, but the sense of duty and service should never be lost to the profession. All attempts to better the nurse's life should recognize that sacrifice and selflessness are part of being a good nurse.

Copies of the brief may be obtained from the Canadian Nurses' Association, 74 Stanley Avenue, Ottawa. Price $2.50.

Funds for Masters' Programs

The W. K. Kellogg Foundation is helping to launch new programs at the graduate level for nurses in Canada. The universities currently receiving aid from the Foundation's Division of Nursing include:

McGill University, for the inauguration of a nursing education program leading to the master's degree which will prepare nurses for leadership positions in teaching, administration and

supervision; the university of Western Ontario, for the development of a graduate program in nursing service administration.

These programs are designed for experienced nurses who wish to prepare for advanced positions in nursing.

Other programs that have received assistance include:

University of New Brunswick, to aid in the development of a new school of nursing offering a basic program leading to a baccalaureate degree; to assist in the development of a program of continuing education for registered nurses in the province.

University of Saskatchewan, to help develop an educational program in nursing service administration for graduate nurses and to assist the University Hospital with the in-service education program for nursing personnel.

Canadian Hospital Association and Canadian Nurses' Association, to improve the quality of hospital service by assisting in the establishment of a correspondence extension program for nursing supervisory personnel.

Facts and Figures

What do you look for in the CNA publication, Facts and Figures? Is it there? Is it usable? This publication is being revised and brought up to date. To increase its value, National Office welcomes suggestions for data which in your opinion will improve the publication.

Exchange of Privileges

During 1960 the Exchange of Privileges Program handled 213 inquiries from abroad and 67 from Canadian nurses. Twenty-two nurses from nine countries came to observe and study in Canada; 43 nurses from 11 countries sought salaried employment; 25 Canadian nurses went abroad for employment in eight countries, and four went for observation in four countries. An additional group of 29 Canadian nurses went on an eight-day post-convention tour of observation in four countries. There were 25 international visitors to National Office.

During 1961 there were 218 inquiries from abroad, and 126 from Canadian nurses. Thirty-nine nurses from nine countries came for observation and study in Canada. Arrangements were made through CNA for the employment in Canada of 41 nurses from 15 countries while 18 Canadian nurses went to nine countries for employment and eight for observation and study in four countries. There were 27 international visitors to National Office.

Biennial Meeting

The program for the Biennial Meeting is shaping up. We are pleased that Miss HELEN NUSSBAUM, General Secretary, International Council of Nurses, will be with us.

Dr. W. HARRY HICKMAN, Principal of Victoria College, will deliver the Keynote Address at the opening session and Dr. DONALD H. WILLIAMS, Professor and Head, Department of Continuing Education, University of British Columbia, will deliver the Closing Address on Friday afternoon.

Mrs. LULU WOLF HASSENPLUG, Dean, School of Nursing, University of California Medical Centre, will be delivering an address on Tuesday afternoon, entitled "Nursing Education For a World of Change."

The program for Wednesday morning promises to be an interesting one and we are pleased to tell you that Mr. GORDON HAWKINS, Executive Director, HRH The Duke of Edinburgh's Second Commonwealth Study Conference Canada 1962 will preside for the panel presentation on "Common Goals of Health Services."

The Department of National Health and Welfare and the Department of National Defence are spending a great deal of time in the preparation of the Thursday afternoon session on "National Preparedness."

Let not the atom bomb be the final sequel
In which all men are cremated equal.
— J.A.M.A.

Political speaker: "What we need is a working majority and then —"

A voice: "Better reverse it, mister, what we really need is a majority working."

A Statement on Nursing in Canada

Excerpts from the summary with the Recommendations in toto *as contained in the brief prepared in National Office, Canadian Nurses' Association; approved by the CNA Executive Committee and submitted to the Royal Commission on Health Services in March 1962.*

IT IS THE CONCERN of the Canadian Nurses' Association that the best possible nursing care — to promote, maintain or restore health — be available at all times to all people in Canada. The over-all organization of health services and their financing are subjects for government legislation and the Canadian Nurses' Association does not propose to make recommendations on these subjects. At the same time, the nursing profession has a responsibility to define its position and function within society, to evaluate its work and the educational standards of its members, and to adjust both its work and educational program to meet changing needs . . .

Canada is favorably situated in relation to the number of nurses to the total population of the country.[1] There is, at present, approximately one registered graduate nurse in Canada for every 260 people. While this ratio is favorable in comparison with that existing in most countries,[2] Canada does suffer from a seeming shortage of nurses.

Science and technology are advancing rapidly in the entire field of health. The standards of nursing care available now and in the future will depend on the ability of the profession to produce members trained and capable of adjusting to and advancing with the developments in science and technology.

The opportunity in industry to enable an individual to be more effective or to produce more work through mechanization and automation is not generally available to the nursing profession. Because of the nature of the service a nurse performs, the time needed to provide nursing care is not reduced by technological progress. In addition, the general trend toward shorter working hours experienced in most of business and industry in Canada must necessarily affect the working hours of the nurse. Since the services to be performed, as far as one can anticipate, will not diminish, the only way to ensure that there will be sufficient nurses to provide this care will be to increase the number of nurses in relation to the total population.

It is the opinion of the Association that the quality of nursing service depends on five factors:

1. The personal attributes of the nurse
2. The education of the nurse
3. The proficiency of the nurse
4. The conditions under which the nurse renders service
5. The quantity of nursing service available.

The proficiency and personal attributes of the nurse will depend in large measure on the general and professional education she has received . . .

It is the opinion of the Canadian Nurses' Association that the preparation of a nurse is essentially an educational experience and an educational process. As such, the standard of training and education would be improved by placing the responsibility for this process under educational authorities. Such a step should not deprive the nursing student of clinical experience in the hospital and other health agencies. Rather, it is a recognition of the fact that the educational process of the student should not be secondary to the manpower needs of the hospital where the school is located... The financing of nursing education should conform to the methods long accepted in the financing of education for other professional groups...

When a professional nurse is required to do work which a non-professional worker can and should do, this merely has the effect of reducing the professional nursing time available . . . Similarly, poor design and layout of

hospitals and other agencies where nurses are employed diminishes the time available for the application of professional nursing skills... It is the opinion of the Canadian Nurses' Association that the proper use of professional time offers one of the most rewarding opportunities for combating the increasing shortage of nurses felt throughout Canada today. . . . With further reference to the availability of nursing skills, the Canadian Nurses' Association suggests that vigilance be exercised to make certain that no deterrents are placed in the way of married registered nurses who are prepared to continue the practice of their profession.

The atmosphere in which nurses work affects the numbers of students who enter the profession each year, the amount of professional skill available in the country, and the final standard of the service rendered. This atmosphere includes all forms of working conditions such as hours of work, remuneration, benefits, job satisfaction and old-age security. Devoted as nurses may be to their profession, it is unrealistic to assume that the flow of students will continue undiminished if the standards in this area are not comparable to those available to people with equivalent training in other fields of endeavor. It is not possible to assess the numbers of potential students who might be deterred from entering any profession because of the rewards which it does or does not offer. It is possible, however, to estimate the number of nurses lost to Canada because of attraction to the United States. Statistics indicate that, in 1960, 1,372 Canadian-born and Canadian-educated nurses left to follow their profession in the United States.[3] Admittedly, some return but the loss is still great.

Salaries are not believed to be the only factor behind the movement of Canadian nurses to the United States. Other attractions are the greater opportunities in post-basic training and the wider scope of work and of research done. In this connection we would point out that the Canadian Nurses' Association is concerned to extend the postgraduate study facilities available in Canada . . .

One of the profession's responsibilities is to add to the body of its knowledge. The Canadian Nurses' Association believes that nurses should conduct more research and experimentation in patient care, nursing education and the administration of nursing service . . .

Most health services are cooperative ventures carried on by members of several vocations. The Canadian Nurses' Association believes that in running the venture each group should have a voice that is commensurate with its responsibilities. It is also the opinion of the Canadian Nurses' Association that there is a need and an opportunity for coordinated planning of all health services in Canada. In the opinion of the Association, this could best be provided by advisory boards operating on regional and national levels, with the ability to provide educated judgment and reasoned, unbiased advice.

Nursing service is essential to adequate health services. The nursing profession in Canada is anxious to make its maximum contribution to this objective.

Recommendation I

That a clear differentiation be made between nursing and medical activities, *and*

That transfer of activities be made only after study and agreement by all concerned. Special consideration should be given to the legal implications with regard to medical practice both for the safety of the patient and the protection of the nurse.

Recommendation II

That advisory committees on health services be established at regional and national levels to provide for cooperative and coordinated planning and that these committees include representation from the appropriate professions.

Recommendation III

That a study be made of the nursing requirements for all health services and the categories of personnel required to meet the nursing needs as efficiently and economically as possible. Having differentiated their functions, the education of the groups should then be developed accordingly.

Recommendation IV

That mental hospitals be encouraged to enlarge and extend their teaching programs to include, through affiliation, experience in psychiatric nursing for all nursing students.

Recommendation V

That conditions of work and salary schedules be such that professional nurses will be encouraged to seek employment in mental institutions. Where these institutions exist in less accessible areas, personnel policies provide the necessary incentive to attract well qualified personnel.

Recommendation VI

That governments at all levels be encouraged to provide nurse consultants to work with directors of nursing in hospitals and public health agencies and with teachers of nurses to help orient nurses to the care of the mentally ill and incorporate the principles of mental health into all nursing programs.

Recommendation VII

That in the planning, construction and equipping of facilities for patient care the nursing personnel be consulted.

Recommendation VIII

That the director of nursing have the responsibility and authority

To plan the nursing care program and outline the budget

To obtain nursing staff and control all who provide nursing service

To account directly to the administrator and the governing board for the program for which she is responsible.

Recommendation IX

That in the provision of health services the functions and activities of nursing personnel (as well as that of other personnel) be clearly defined.

Recommendation X

That governments and other employing agencies recognize that basic education in nursing prepares nurses for beginning positions only and that further education is necessary to prepare expert nurse practitioners, head nurses, supervisors, teachers and senior administrative personnel, *and*

That having acquired advanced preparation they be accorded recognition, authority and remuneration in line with their responsibility.

Recommendation XI

That graduate programs in universities should develop rapidly to prepare nurses in administration, clinical nursing, consultation and research.

Recommendation XII

That the education of nurses be under the jurisdiction of institutions whose primary function is education.

Recommendation XIII

That a cost study of present nursing education programs be undertaken to determine indirect as well as direct costs of the preparation of nurses.

Recommendation XIV

That financial aid be made available to all students who need assistance both prior to and during the basic nursing education program.

Recommendation XV

That financial aid be provided to assist universities to develop schools of nursing and enable existing university schools to expand, in order to provide basic preparation of nurses and also preparation at the graduate level.

Recommendation XVI

That remuneration for nurses reflect the value of their services to society and that salary scales should be commensurate with education, qualifications, responsibilities and duties.

Recommendation XVII

That financial incentives should be provided to encourage qualified nurses to assume the responsibilities involved in leadership positions.

Recommendation XVIII

That government and other employing agencies recognize that the organized profession has the right and the responsibility to exert reasonable control over the socio-economic wel-

fare of its members including remuneration and conditions of work.

Recommendation XIX

That nurses be provided with superannuation benefits on an employer-employee basis *and*

That where such plans do not presently exist consideration be given to the adoption of the Canadian Nurses' Association Retirement Plan.

Recommendation XX

That the principles of portable pensions be encouraged.

Recommendation XXI

That the provinces be urged to establish licensure for all who nurse for hire.

Recommendation XXII

That the Royal Commission on Health Services for Canada support a study to determine the quantity and quality of nursing care required by patients with different medical and dependency needs and in varying situations so that reliable up-to-date information will be available.

Recommendation XXIII

That federal government sponsor a research project in the administration of hospital nursing service in order to determine the factors both measurable and intangible which result in effective administration.

Recommendation XXIV

That a National Coordinating Council on Health Research be established and supported by federal funds to seeks ways of improved planning and coordinating of health services, *and*

That in setting up this Council representation from the various professional groups contributing to health services be included.

References

1. International Labour Organization Report on Employment and Conditions of Work, page 27.
2. Ratio of Registered Nurses to Populations. CNA Facts and Figures, Table 14.
3. Emigration of Graduate Nurses to U.S. Report of Immigration and Naturalization, U.S. Department of Justice.

Ambitious, competitive women, like males with the same characteristics, are far more likely to have heart attacks than their relaxed, placid counterparts.

As part of long-range investigations of the correlation between behavior patterns and the incidence of heart attacks, two physicians studied a group of 125 women chosen for their aggressiveness and another group of 132 women selected for their placidity. Although both groups were ostensibly healthy, factors associated with susceptibility to coronary artery disease, such as high blood pressure, hardening of the arteries, high levels of blood fats, were found far more more frequently among the aggressive women than among the placid. Moreover, four times as much clinical coronary disease was discovered in the aggressive group.

Noting that the competitive women smoked more cigarettes, another factor asserted to imply a higher risk of coronary disease, the physicians also included two groups of nuns in their study. The nuns were similarly divided into personality groups, but none had ever smoked. Although the nuns were few in number, they resembled the general sample in showing the same kind of association between behavior pattern and susceptibility to coronary disease.

— *Circulation*, Nov. 1961

* * *

Canadians are beginning to show a growing preference for shopping on Thursdays, although Friday remains the most popular shopping day, according to the 1961 Canadian Consumer Survey, published by the Canadian Daily Newspaper Publishers Association.

According to this national survey of our buying habits and brand preferences, 21 per cent of Canadian shoppers favor Thursday for their buying trips — up from 11 per cent in 1956; 23 per cent prefer Saturday for shopping, but Friday is first choice with 40 per cent of us.

* * *

A college education is a 4-year plan whereby an adolescent void is converted into an adult chaos.

NURSING PROFILES

(Bell Moore Studio, Fort William)

GRACE JOHNSON

Grace Edna Johnson has been appointed consultant in nursing services for the Department of Veterans Affairs. She began her new duties in March and will advise on all matters that affect the nursing care of patients in the 15 institutions administered by DVA Treatment Services and providing accommodation for 8945 patients. Immediately prior to this appointment Miss Johnson was director of nursing at McKellar General Hospital, Fort William, a position that she has filled since 1954.

A graduate of Winnipeg General Hospital, she served there for several years in various capacities of increasing responsibility until she joined the RCAMC in 1940. Two years later she went to England to become nurse-in-charge of the Neurological Surgical Ward of famous Basingstoke Hospital. She retired from the services in 1945 and returned to WGH as assistant director of nursing. The years 1947-49 were occupied by study at the McGill School for Graduate Nurses where she enrolled in the nursing administration course and obtained her B.N. In 1950 she returned to Winnipeg once more, this time as director of the Women's Pavilion, W.G.H. She remained there until accepting the appointment in Fort William.

Miss Johnson has been active in professional affairs in both Manitoba and Ontario. She is a former president of the Lakehead Chapter, RNAO and was chairman of the Committee on Registration, RNAO, 1960-62.

The new director of nursing and nursing education for McKellar General Hospital, Fort William is **Ruby Rogers**, a graduate of Toronto General Hospital. Prior to this appointment she was assistant director of nursing, Groves Memorial Community Hospital, Fergus, Ont.

Miss Rogers obtained her bachelor of science degree in nursing from McCoy College, Johns Hopkins University, Baltimore. Her past experience has included considerable supervisory and administrative work in operating rooms in Johns Hopkins Hospital, Ottawa Civic Hospital and George Washington University Hospital, Washington, D.C. During the years 1939-45 she served as a nursing sister with the RCAMC in England, North Africa, Italy, France, Belgium and Holland. She was awarded the Associate Royal Red Cross in recognition of her wartime contribution. A second period of military service, January '61 — September '61, was spent as supervisor in operating room, central supply and recovery rooms at N.D.M.C., Ottawa.

Miss Rogers also studied at the Ontario College of Art, specializing in interior decorating and design. This training has provided her with the knowledge for interesting off-duty activities. She enjoys sports such

RUBY ROGERS

as fishing and curling while quieter moments are devoted to reading, knitting and sewing.

Dorothy Marianne Dix has joined the staff of the University of Toronto School of Nursing as lecturer in psychiatric nursing. A graduate of Toronto General Hospital, she obtained her B.Sc. in nursing from the University of Western Ontario in 1951 and more recently, 1959-60, attended Teachers College, Columbia University, to fulfil requirements for a Master's degree.

For a two-year period Miss Dix worked with the Ontario Department of Health as an inspector in the province's schools of nursing. Then she joined the staff of the University of Western Ontario as a lecturer for the years 1956-59. Prior to her present appointment she was educational director of the Ontario Hospital, New Toronto.

DOROTHY M. DIX

The Calgary General Hospital has announced the reorganization of its nursing department into two areas of responsibility, nursing service and nursing education, and the appointment of a director and assistant for each.

Edith A. (Randall) Henry is the director of nursing service. Mrs. Henry is a graduate of the Calgary General Hospital and a former supervisor of the isolation unit there. In 1952, she accepted the position of acting director of nursing and subsequently served for eight years as associate director of nursing service with the late Gertrude Hall, former director of nursing.

Eileen E. Jameson has been appointed director of nursing education. Also a gradu-

EDITH HENRY

ate of CGH, Miss Jameson received a teacher's certificate in general education before entering nursing. Later, she obtained postgraduate experience in obstetrics at the Royal Victoria Hospital, Montreal and a diploma in teaching and supervision from the University of Alberta. In 1956 she was awarded a B.Sc. in nursing education from the University of Minnesota. Prior to this appointment she was the associate director of nursing education, CGH.

EILEEN JAMESON

Jean E. Mackie, a graduate of the Royal Alexandra Hospital, Edmonton, has been ap-

JEAN MACKIE

pointed assistant director of nursing education. Miss Mackie obtained a certificate in clinical supervision from the University of Toronto and a bachelor's degree in nursing from McGill University. She completed requirements this spring for a Master's degree from the University of Washington, Seattle.

The assistant director of nursing service is **Muriel L. Sangster,** a graduate of RAH, Edmonton. She obtained her B.A. and B.Sc. in nursing from the University of Alberta. From 1952 to the present she has been supervisory assistant in nursing service at C.G.H.

MURIEL SANGSTER

The administrator of the Queen Elizabeth Hospital, Toronto, **Pearl L. Morrison,** has retired after a long and distinguished career in hospital administration in both Canada and the United States. Miss Morrison took her nurse's training at the Welland General Hospital, Ont. and Michael Reese Hospital, Chicago. She studied hospital administration in England as a Fellow of the Royal College of Nurses, under Mrs. Bedford Fenwick, founder of the ICN. During World War I she served in Malta, Italy, France and England as a nursing sister with both Canadian and British forces.

In the intervening years between the two World Wars, Miss Morrison occupied nursing and administrative positions in several American and Canadian institutions. She is a former superintendent of the hospital and of the school of nursing, McKellar General Hospital, Fort William; a former director of nurses and assistant administrator of Sibley Memorial Hospital, Washington during which time she served on the Board of the Registered Nurses' Association of the District of Columbia and the NLN.

Her association with the Queen Elizabeth Hospital, which specializes in the care of long-term patients, began in 1937. During the succeeding 25 years she has played a substantial role in the development of the hospital and its programs. It has expanded to its present 500-bed capacity and new concepts in nursing and medical care have been introduced, in particular a program of rehabilitation that has resulted in an increasing number of patients returning to their homes and communities. Her leadership has been outstanding in a field that is often erroneously considered to be "for men only." Her humanitarian approach to responsibilities has been one very special feature of her personality that has endeared her to staff and patients.

Miss Morrison is a past president of the Toronto Hospital Council and the Ontario Hospital Association — the only woman ever to hold both positions. She served on the board of O.H.A. for some 20 years and is a life member. She was a member of the first examining board for nurses in Ontario and is a former Chairman of RNAO, District 5. She is an active member of several clubs including the Soroptomist Club of Toronto, of which she is a former president, and the Women's Canadian Club of Toronto. An enthusiastic traveller, she plans to see more of the world during her retirement. Her home will continue to be in Toronto.

MENINGITIS

CAROLYN FLETCHER

This is a condition associated with childhood. The prognosis is dependent upon the causative organism and the promptness with which therapy is instituted. Unfortunately, residual damage can be of a very handicapping nature.

STUART HAD BEEN an apparently healthy, well-nourished toddler, 18 months of age, when he suddenly showed the symptoms of meningitis. He was walking well for his age, showing the usual amount of awkwardness along with progressive muscle control and coordination. He attempted to feed himself, drank from a glass or cup and was on his way to being toilet-trained. Like other toddlers, he was very possessive of his belongings and was beginning to assert his independence in the usual negativistic way. Then, with little warning, he was a very sick little boy.

Medical History

The boy had been irritable for about 24 hours and had cried during part of the night preceding onset of other symptoms. His temperature was elevated to 104°F and he was suffering convulsions when brought into hospital. He had been seen by the family doctor at home and penicillin had been given. His mother had used cool water sponges to reduce his temperature and had attempted to force fluids. When he began to have convulsions, she did her best to prevent tongue biting or choking, realizing that these were possible dangers.

General Signs and Symptoms

Meningitis is an inflammation of the meninges — the layers of membrane surrounding the brain and spinal cord. The causative agents are many and varied. In this instance Hemophilus *influenzae* was isolated. Adjacent brain tissue is affected with subsequent damage to vital nerve cells. The symptoms reflect the injury to the various areas within the system.

The chief meningeal sign is neck rigidity. Increased intracranial pressure produces irritability, vomiting, headache and visual changes. Irritation within the brain results in convulsions. Fever is present, of course, while stupor and coma are possibilities.

Diagnosis

The child with meningitis is considered a medical emergency since the speed with which therapy is begun influences prognosis to a large extent. Diagnostic measures include blood culture, WBC count and differential, throat culture (because causative organisms may gain entry by this route) and a lumbar puncture with examination and culture of the spinal fluid.

Stuart's blood culture was negative but the WBC and differential showed an elevation indicating severe infection. The initial CSF white cell count was high, 3400/cu.mm., and within three days it had climbed to 5760/cu.mm. CSF pressure was also high, 270 mm. of mercury as compared to a normal of about 100 mm. Blood chemistry showed an imbalance of calcium, potassium and chlorides while the sedimentation rate was well above normal, another indication of infection. On admission Stuart's hemoglobin was 83 per cent but during his hospitalization it dropped to 44 per cent. The day after admission he had a complete renal shut-down and was anuric for 20 hours. Urinalysis results varied daily when this examination could be carried out. Chest X-rays showed slight congestion in the lower lungs.

Ordinarily, with so many diagnostic measures to be performed, the child would require much explanation and reassurance. However, Stuart was unconscious during this acute stage of his illness. Since the lumbar puncture position is very painful to maintain in the meningitic child, it may be that his comatosed condition was a blessing in disguise.

Treatment

Drug therapy was directed towards controlling the infection; controlling convulsions; maintaining electrolyte balance and life itself. Penicillin and streptomycin in combination eventually proved the most satisfactory formula against infection. In the very early stages of Stuart's illness, streptomycin was injected intrathecally following each lumbar puncture. Phenobarbital, sodium dilantin and paraldehyde were effective anti-convulsants while calcium gluconate and potassium chloride were used to restore electrolyte balance. In addition Folbesyn, a vitamin preparation containing various fractions of vitamin B plus vitamin C, was added to intravenous solutions. Solu-Cortef (hydrocortisone sodium succinate) was also administered. The latter two preparations are considered to have particular value in stress situations.

Intravenous therapy was necessary since the child was unconscious. A phlebotomy was done for this purpose. Solutions used were 5% glucose in distilled water alternating with a combined solution of Ringer's lactate, 5% glucose in water and normal saline. When Stuart's condition improved somewhat, he was given a duodenal feeding of milk and corn syrup.

Isolation technique was established since this is an infecious condition. Oxygen by croupette and then by funnel helped to relieve cyanosis. At one point artificial respiration was necessary when Stuart's breathing temporarily ceased. Gastric suction was used when he began to have coffee grounds emesis.

Nursing Care

Stuart required very intensive and very conscientious nursing care. His struggle to live depended to a large extent on this part of his treatment. *Good skin care* was particularly essential. The serious nature of his illness, his prolonged immobility, the difficulty in maintaining a good state of nutrition set the stage for the development of decubiti which can occur as easily in the child as in the adult. General cleanliness, frequent change of position, gentle massage of pressure areas and a dry bed were requisite.

Since the meningitic patient's eyes often remain open, good *eye care* is vital. Stuart received normal saline irrigations at regular intervals to provide lubrication and cleansing. *Mouth care* was equally necessary. He received little or no fluid by mouth, depending on his condition from day to day, week to week. Consequently, his lips and mouth were very dry at times while on occasion, mucus would be troublesome. A clean mouth and clean nasal passages made breathing easier.

Good body posturing, passive exercise of extremities and small splints to try to prevent foot drop were measures used to counteract the effects of prolonged immobility.

Intensive observation was part of the nursing care plan for this child. Certain neurological signs were given special attention:

1. Any change in the state of consciousness,
2. response to stimuli,
3. equality of pupils, reaction to light,
4. changes in muscle tone,
5. movement of extremities.

In addition, the color of the face and lips was checked frequently and a rectal temperature was obtained at routine intervals. When his temperature was over 101°F, cool water sponges were used to reduce it. Accurate, complete descriptions of convulsions had to be maintained. These included such points as:

> Where did convulsive movements begin? What parts of the body were affected and in what order? What type of contractions? How often did the attacks occur and how long did each one last? Was there incontinence of stool or urine? What was the appearance of the eyes — dilated pupils? Fixed position? Were there any changes in pulse, respiration, color and expression of the face? What was the patient's condition following the attack?

A nurse remained with Stuart for the duration of each attack and held a padded tongue depressor between his lips to protect him from biting his tongue, etc. Such detailed observation and recording of convulsive attacks was useful to the doctor in assessing brain damage.

An effort was made to meet the child's need for affection and atten-

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tion in spite of his unconsciousness. A nurse held him in her arms and cuddled him while his bed was made. Staff members and parents called him by name and talked to him when they came to his bedside. A favorite toy sat on his bedside table in the hope that someday he might become aware of it and reach for it.

The Future

Unfortunately, the prognosis for Stuart was poor. If and when he regained consciousness, rehabilitation fould be a long, sometimes discouraging process. There would be a certain amount of residual cerebral damage from the convulsive attacks and the increased intracranial pressure. Stuart would be slower to learn and limited as to how much he could absorb; he would tend to be awkward, clumsy. There should perhaps be a psychiatric and psychological assessment to determine the child's capacities. Advantage should be taken of any services available for retarded children. Proper diet and general health care would be important factors since Stuart's resistance to infection will be low. In particular, respiratory infections should be avoided. Perhaps Stuart's greatest need will be for love and understanding.

New Publications

Artificial Feeding in Early Infancy by Andrew Bogdan, M.D., M.R.C.P.E., D.C.H. 24 pages. McAinsh and Company Limited, 1251 Yonge Street, Toronto 7. 1961. Price 75 cents.

This is another booklet in a series on infant care by the same author. His aim is to give a common sense introduction to the entire subject of artificial feeding of infants. His remarks are specifically concerned with normal, healthy babies, not sick children.

In brief outline he discusses such subjects as the possible reasons for artificial feeding of infants; feeding technique; preparation of various types of formulae; choice of formula, etc. Having stated that his booklet is intended for introductory information only, the author recognizes the possibility of variations in opinion by leaving blank pages for note-taking purposes so that the reader can supplement the material presented.

This booklet should be quite useful if used as the author has indicated.

A New Career After 30. Department of Labor of Canada. 34 pages. Queen's Printer and Controller of Stationery, Ottawa. 1960. (Released 1961). Price 25 cents.

This is the "report of an enquiry by the Women's Bureau into the experience of women who had taken professional social work training at thirty years of age or over."

The increasing number of mature women entering professional schools stimulates the question, why are they undertaking a new career at this stage of life? This booklet gives the results of a study done in relationship to mature women entering social work and records their motives, achievements, needs and satisfactions.

Minimum Standards of Social Security. Part Three of the Report of the Committee of Experts on the Application of Conventions and Recommendations. 240 pages. International Labour Office, Geneva. 1961. Price 75 cents.

"One of the basic preoccupations of man throughout the ages has been with the need for security against contingencies liable to affect his conditions of existence . . . the nature and scope of measures taken to deal with this problem have varied considerably from one era to another and according to the existing social structures. This study covers the situation in 176 countries."

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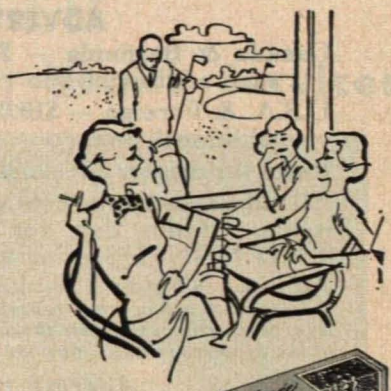

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Assistant Director of Nursing with at least 5 yrs. experience, 2 of which have been spent in a supervisory capacity, preferably with course in administration. **General Duty Registered Nurses** for completely new 70-bed hospital opened last November. Old hospital being presently renovated for staff residence. Accommodation will be available at $35 per mo. Basic salary for general duty registered nurses $300-$330 (3 annual increments). For further information apply to: Director of Nursing, Municipal Hospital, Peace River, Alberta.

Clinical Instructors for 45-student School of Nursing, **Registered Nurses for General Duty,** salary range- $285-$315. Apply to: Director of Nursing, St. Joseph's General Hospital, Vegreville, Alberta.

Registered Nurses (required for July) for 27-bed hospital in busy pulp mill town of 3,500 people, near Jasper National Park, west of Edmonton on main highway & C.N.R. line. Separate nurses' residence, minimum salary $295 per mo., with $35 deductible for full maintenance, increments allowed for postgraduate experience & after every 6-mo., M.S.I. & Blue Cross in operation. Apply to: Matron, Municipal Hospital, Hinton, Alberta.

Registered Nurse for General Duty (1) for modern 25-bed hospital. Basic salary $315 plus $10 per year in consideration of experience up to $345, room & board $30. Apply to: The Matron, Municipal Hospital, Coronation, Alberta.

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Nursing Supervisor B.C. Registered for new hospital at Golden, British Columbia, picturesque village in the beautiful Canadian Rockies, on C.P.R. & Trans-Canada Highway, 170-miles west of Calgary, Alberta. Please indicate qualifications & salary expected. Full information regarding duties & hospital operation & organization available on request. Apply to: C. F. Collins, Administrator, Golden & District General Hospital, P.O. Box 230, Golden, British Columbia.

Registered Nurse for Operating Room & General Duty Nurses for 40-bed hospital, salaries according to RNABC agreement. 4-wk. vacation, 10 statutory holidays, 1½ days sick leave per mo., accommodation available in new modern residence. Apply to: Administrator, St. John Hospital, Vanderhoof, British Columbia.

General Duty Registered Nurse (Immediately) for 7-bed hospital. Salary: $300 per mo. 2-bedroom apartment available. Enquiries to Secretary, General Hospital, Box 8, Stewart, British Columbia.

General Duty Nurses for small active hospital. Salary $282 for unregistered Nurses in B.C. $297 registered with yearly increments. Nurses' home available. For further particulars write: The Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

General Duty Nurses for active 30-bed hospital. RNABC policies & schedules in effect also Northern Allowance. Accommodations available in residence. Apply: Director of Nursing, General Hospital, Fort Nelson, British Columbia.

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General Duty Nurses for active small hospital on the Sunshine Coast, 50-mi. from Vancouver. Salary $297-$357, superannuation, health plan, private room in comfortable residence $15 per mo. For further information write: The Administrator, St. Mary's Hospital, Garden Bay, British Columbia.

General Duty Nurses for 200-bed General Hospital with School of Nursing. Salary range $297 to $359. Pre-planned shift rotation, B.C. registration essential, 4-wk vacation after 1-yr. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

General Duty & Operating Room Nurses for new 75-bed hospital opening in August. Salary for B.C. registered nurses $309-$374 with one salary increment for 2 years satisfactory experience. Salary for non registered nurses $294, 10 statutory holidays, 4-wk. annual vacation, 1½ days sick leave per mo. cumulative to 120 days. C. U. & C. medical care plan & superannuation, living accommodation available. **CERTIFIED NURSE AIDES:** Salary $200-$221, fringe benefits as above except sick leave cumulative to 60 days. Very active town in Cariboo ranching country. Daily plane, train & bus service to points north & south, 8-hr. drive to Vancouver, B.C. Apply: Director of Nursing, War Memorial Hospital, Williams Lake, British Columbia.

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General Duty Nurses for 110-bed hospital in northwestern B.C. Salary—non-registered $297, B.C. registered $312-$374. Travel allowance, newly furnished residence available. For full details contact: Director of Nursing, General Hospital, Prince Rupert, British Columbia.

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Graduate Nurses for 70-bed acute General Hospital on Pacific Coast. Salary for B.C. Reg'd. Nurses $297 with regular increases; Unreg'd., $285. Board & room $25 per mo., 5-day wk., 28 days vacation plus 10 statutory holidays, after 1 year. Apply: Director of Nursing, St. George's Hospital, Alert Bay, British Columbia.

Graduate Nurses for 60-bed modern hospital in resort area on Vancouver Island. R.N. basic $309 with yearly increments according to RNABC personnel policies. Enquiries: Director of Nursing, Campbell River & District General Hospital, Campbell River, British Columbia.

Graduate Nurse for 31-bed hospital. Salary: B.C. registered $324, non B.C. registered $314 per mo. with annual increments. 40-hr. wk., 4-wk. vacation, 1½ day sick leave per mo. Lodging $11 per mo. Travel refunded from Vancouver after 6 mo. Apply to: Administrator, General Hospital, Ocean Falls, British Columbia.

Graduate Nurses for 20-bed hospital, 35-mi. from Vancouver, on Coast. Salary & personnel practices in accord with RNABC. Bus & train transportation, accommodation available. Apply: Director of Nursing, General Hospital, Squamish, British Columbia.

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Clinical Instructors (2) for combined Medical & Surgical nursing & Head Nurses (2) qualified, for Medical & Surgical Units. Good salary & personnel policies. Apply to: Director of Nursing, St. Joseph's Hospital, Peterborough, Ontario.

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Registered Nurses (2) for expanding General Hospital in resort area. Salary $290 per mo. Residence accommodation available. Apply: Director of Nursing, Huntsville Memorial Hospital, Huntsville, Ontario.

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Registered Nurses for all services including Psychiatry & Operating Room. Salary range: $305 to $335 per mo. Personnel manual sent on request. Apply: Director of Nursing, The Wellesley Hospital, 160 Wellesley St. E., Toronto 5, Ontario.

Registered Nurses & Certified Nursing Assistants for modern 75-bed hospital. Starting salaries — R.N.'S $310 per mo., C.N.A.'S $220 per mo. Single room accommodation available in the residence. Dryden (population 6,500) an industrial town, also center of extreme tourist area, is conveniently located midway between Winnipeg & the Canadian Lakehead. For further information regarding personnel policies, community activities, etc. please call or write: The Director of Nursing, Dryden District General Hospital, Dryden, Ontario.

Registered Nurses & Certified Nursing Assistants for 160-bed accredited hospital. Starting salary $320 & $220 respectively with regular annual increments for both. Excellent personnel policies including 5-day wk. Hospital of Ontario pension plan. Residence accommodation available. Assistance with transportation can be arranged. Apply: Director of Nurses, Kirkland & District Hospital, Kirkland Lake, Ontario.

Registered Nurses & Certified Nursing Assistants for 26-bed hospital. R.N. minimum salary $320, maximum $370, 28-day vacation after 1 yr. C.N.A. minimum salary $232, maximum $265, 2-wk. vacation after 1 yr., 3-wk. after 2yr. Credit for past experience, $5.00 increment every 6 mo., 40-hr. wk. 8 statutory holidays. Room & board $45 per mo., 1-day sick leave per mo. Apply to: Mrs. G. Gordon, Superintendent, District Memorial Hospital, Box 37, Nipigon, Ontario.

Registered Nurses for General Duty for 28-bed General Hospital, located in mining & resort area, basic salary $300 - $315 per mo., 6 monthly increments, 4-wk. vacation after 1-yr. Residence accommodation $30 per mo. For further particulars apply to: Miss J. Scollie, Matron, Margaret Cochenour Memorial Hospital, Cochenour, Ontario.

Registered Nurses for General Duty for 14-bed modern newly-built hospital. $320 per mo., 40-hr. wk., 3-wk. vacation, usual fringe benefits. Apply: Hornepayne Community Hospital, Box 190, Hornepayne, Ontario.

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Registered General Duty Nurses (immediately) for new modern 35-bed hospital located in Almonte, 30-mi. from Ottawa. Good personnel policies. Apply to: The Director of Nursing Service, General Hospital, Almonte, Ontario.

Registered or Graduate Nurses for modern 100-bed hospital located in summer resort district, 40-mi. from Ottawa. Apply: Director of Nursing, Public Hospital, Smiths Falls, Ontario.

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General Staff Nurse for 163-bed Tuberculosis Sanatorium. Good personnel policies, residence accommodation available. Apply: Director of Nursing, Sudbury & Algoma Sanatorium, Sudbury, Ontario.

Registered Nurses for Staff Duty & Operating Rooms in General Hospital. All patients' services in new modern building opened in November 1960. Good salary & personnel policies. Apply to: Director of Nursing, Arnprior & District Memorial Hospital, Arnprior, Ontario.

General Duty Nurses Male & Female & Certified Nursing Assistants (Immediately) for 86-bed hospital, 40-hr. wk., 8 statutory holidays & other employee benefits. Collingwood is situated on Georgian Bay & is noted as a vacationland with 7-mi. sand beach and great skiing on the Blue Mountains in winter. For further information apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses for an accredited 66-bed hospital. Starting salary: $305. Excellent personnel policies, pension plan, residence accommodation only 10 min. from downtown Buffalo. Apply: Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

Assistant Supervisor of Public Health Nurses for the Department of Health, City of Kingston. Course in administration & supervision in public health nursing necessary. Apply to: Dr. R. A. Kelly, Medical Officer of Health, 93 King Street West, Kingston, Ontario.

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General Duty Nurses for 100-bed modern hospital, south western Ontario, 32 mi. from London. Salary commensurate with experience & ability; $300 basic salary. Residence accommodation available. Pension plan. Apply giving full particulars to: The Director of Nurses, District Memorial Hospital, Tillsonburg, Ontario.

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Operating Room Nurses for general operating room work which includes cardiovascular, neurosurgery, genito-urinary, ear, eye, nose & throat & orthopedic surgery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Public Health Nurses (Qualified) for a generalized program in an urban-rural area. Personnel policies & further information on request. Apply to: The Director of Nursing, Simcoe County Health Unit, Court House, Barrie, Ontario.

Public Health Nurse (qualified) for generalized program. Salary range, pension plan & other personnel policies given on request. Applicant must have car. Apply to: Dr. W. H. Cross, Muskoka District Health Unit, Box 1019, Bracebridge, Ontario.

Public Health Nurses (qualified) for rural-suburban area adjacent to Metropolitan Toronto. Minimum salary $3,900, allowance for experience, car allowance, pension plan, other benefits. Apply to: Dr. D. G. H. MacDonald, Medical Officer of Health, Peel County Health Unit, 44 Nelson Street West, Brampton, Ontario.

Public Health Nurses (Qualified) allowance for experience, car allowance, pension plan. For further information write: Dr. G. Murray Fraser, Director, Brant County Health Unit, Brantford, Ontario.

Public Health Nurses (qualified), generalized program. Minimum salary $3,800, annual increment $150, liberal transportation allowance & other benefits. Apply to: A. E. Thoms, M.D., Director, Leeds & Grenville Health Unit, Brockville, Ontario.

Public Health Nurse (Qualified) for the Kent County Health Unit — generalized program. Starting salary: $3,900; salary schedule; allowance for experience; pension plan. 1-mo. vacation. Car & uniform allowance. Direct inquiries to: Sherman Brown, Secretary-Treasurer, Kent County Board of Health, 21 Seventh St., Chatham, Ontario.

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Public Health Nurses for Stormont, Dundas & Glengarry Health Unit in the Seaway Valley Area. Generalized program, attractive salary schedule with generous allowance for experience. 3-wk. vacation, sick leave, pension plan. Company pays one-half Group Insurance with weekly indemnity for sickness & accident, & hospitalization. Liberal car allowance. Apply to: Dr. P. S. deGrosbois, Medical Officer of Health, 26 Pitt St., Cornwall, Ontario.

Public Health Nurses (Qualified). Salary: $3,700 to $4,800, annual increment: $150. Car allowance: $35 per mo. plus 5 cents per mi. Personnel policies on request. Apply to: Dr. R. M. Aldis, Director, Huron County Health Unit, Goderich, Ontario.

Public Health Nurse (qualified) salary $3,650 - $4,400 - (under revision), allowance for experience, 5-day wk., 4-wk. vacation, car allowance, sick leave credits, employer shared P.S.I., O.H.S. & pension plan. Apply to: Mr. A. F. Stewart, Secretary-Treasurer, Wentworth County Health Unit, Court House, Hamilton, Ontario.

Public Health Nurses (Qualified) for generalized program. Salary range $3,700-$4,665, car provided, pension plan, attractive personnel policies. Cost of travelling to Kenora provided. Apply to: Dr. E. R. Langford, M.O.H., Northwestern Health Unit, Box 250, **Kenora,** Ontario.

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Public Health Nurses salary $4,000 - $5,000, annual increment $200, allowance for experience, hospital plan, P.S.I., Pension Plan, sick leave, 4-wk. vacation, generous car allowance. Nurse will reside in a city of 45,000 population. Apply: Dr. W. C. MacPherson, Director, Port Arthur & District Health Unit, 93 Balsam Street, Port Arthur, Ontario.

Public Health Nurse for generalized program starting late August 1962. Salary $3,900 - $4,875, annual increment $195, allowance for previous experience, car allowance, pension plan & other benefits available. Personnel policies on request. Apply to: Miss Beatrice Whalley, Supervisor of Public Health Nursing, Waterloo County Health Unit, 566 Duke Street, Preston, Ontario.

Public Health Nurses—Minimum salary $3,800, allowance for experience up to the maximum of $4,750. Car allowance, pension plan, & other benefits. Personnel policies on request. Apply to: Dr. J. M. McGarry, M.O.H., St. Catharines-Lincoln Health Unit, St. Catharines, Ontario.

Public Health Nurse for Sudbury & District Health Unit. Salary scale $3,800 - $5,000, allowance for P.H.N. experience. Uniform allowance, liberal fringe benefits. For information, Apply to: Dr. J. B. Cook, Director, 50 Cedar Street, Sudbury, Ontario.

Public Health Nurse for generalized program. Minimum salary $3,600 with adjustments for experience, pension, surgical-medical, group insurance & cumulative sick leave plans available. Car provided or optional mileage plans available. Apply to: T. H. Alton, Secretary-Treasurer, Bruce County Health Unit, P.O. Box 70, Walkerton, Ontario.

Public Health Nurse required by City of Waterloo, duties to commence September 1962. Personnel policies on request. Apply: Dr. P. A. Voelker, Medical Officer of Health, 36 Young Street West, Waterloo, Ontario.

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Nursing Instructor (Psychiatric) for large affiliate, postgraduate & nursing assistant program. Apply giving full particulars of training & employment record to: The Director of Nursing, Verdun Protestant Hospital, 6875 Lasalle Blvd., Verdun, Quebec.

Assistant Head Nurses; excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

Registered Nurses for 30-bed General Hospital, 50 mi. from centre of Montreal, excellent bus service. Starting salary $300 per mo., salary increased as recommended by ANPQ, 40-hr. wk. 4-wk. annual vacation, statutory holidays, 2-wk. sick leave, Blue Cross paid, living accommodation available. Apply: Mrs. D. Hawley, R.N., County Hospital, Huntingdon, Quebec.

Registered Nurses for fully accredited General Hospital in Eastern Townships 50 mi. from Montreal. Salary $275-$320 per mo., shift differential paid, complete maintenance $45, 5-day wk., 30-day annual vacation, 7 statutory holidays, sick leave allowance. Pension plan in effect, Blue Cross hospitalization paid by hospital. Apply: Superintendent, Brome-Missisquoi Perkins Hospital, Sweetsburg, Quebec.

Registered Nurses & Certified Nursing Assistants for modern 55-bed General Hospital, salary $300 per mo., 5 semi-annual increases, 40-hr. wk., 4-wk. vacation. **Certified N.A.** starting salary $210, 3-wk. vacation, accommodation available in new motel-style residence. Apply: Superintendent, Barrie Memorial Hospital, Ormstown, Quebec.

Positions available on nursing staff (Victorian Order of Nurses, Greater Montreal Branch). Salaries in line with those of other public health organizations. Good personnel policies, knowledge of French language not essential. Apply: District Director, 1246 Bishop Street, Montreal, Quebec.

Nurses for Summer Camp at Quyon, Que. (July 1 to August 19, 1962). Please reply giving details of training & salary desired to: Dr. N. Schecter, 297 Laurier Ave. E., Ottawa, Ontario.

SASKATCHEWAN

Superintendent of Nursing to start July 1st, for an active new modern 30-bed hospital with 4 practising doctors. Salary as per SRNA schedule. Modern new residence with suite provided. Modern town, TV, good shopping, new theatre, & new swimming pool, daily bus to Saskatoon. For further particulars apply to: D. L. Drechsler, Union Hospital, Kerrobert, Saskatchewan.

Registered Nurses (2) for new completely modern 27-bed hospital. Initial salary $290 per mo., 40-hr. wk., excellent working conditions & living accommodation, new modern residence. Apply to: Superintendent of Nursing Services, Kipling Memorial Union Hospital, Kipling, Saskatchewan.

Registered Nurses for General Duty for modern company hospital. Salary $315 - $360, additional allowance for postgraduate work, 21 - 35 day vacation, good personnel policies, group insurance, recreational facilities, plus free maintenance & comfortable living accommodation, transportation paid from point of hire. Apply to: Miss N. Prefontaine, R.N., Supervisor, Gunnar Hospital, Gunnar, Saskatchewan.

Associate Director of Nursing Education for School of Nursing — 60 students. New 200-bed General Hospital. Apply: Director of Nursing, Yorkton Union Hospital, Yorkton, Saskatchewan.

U.S.A.

Registered Nurses for modern 374-bed JCAH fully accredited General Hospital. Located on beautiful San Francisco Peninsula, 20-min. drive from the heart of the city. Openings in all services. Excellent personnel policies. Many extra benefits & opportunities for advancement. Top salaries. Apply: Personnel Director, Peninsula Hospital, 1783 El Camino Real, Burlingame, California.

Registered Nurses Career satisfaction, interest & professional growth unlimited in modern, JCAH accredited 254-bed hospital. Located in one of California's finest areas, recreational, educational & cultural advantages are yours as well as wonderful year-round climate. If this combination is what you're looking for, contact us now! **Staff Nurse** entrance salary $370 with automatic increases to $435 per mo., supervisory positions at increased rate. Special area & shift differentials paid. Excellent benefits including Blue Cross hospitalization & surgical coverage & liberal personnel policies. Professional staff appointments available in all clinical areas to those eligible for California licensure. Write today: Director of Nursing, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

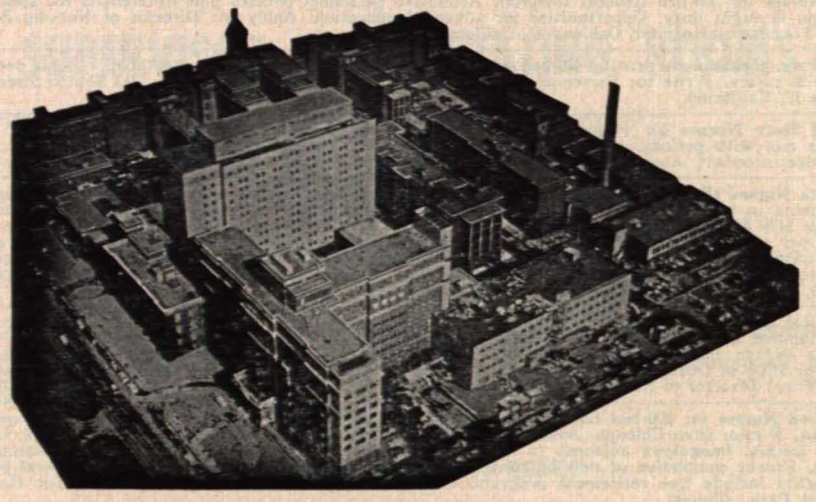
Registered Nurses (Come to sunny California) **Staff Nurses for permanent positions,** various departments, days, eves., nights. Excellent starting salary, increments, benefits & working conditions in one of the largest & finest general hospitals in the West. For details write: Personnel Department, Queen of Angels Hospital, 2301 Bellevue Avenue, Los Angeles 26, California.

Registered Nurses for private 258-bed hospital for men, women & children. Staff Nurse salaries from $355 - $435, differentials for evenings, nights, communicable disease, operating room & delivery. Opportunities in all clinical areas. Holidays, vacations, sick leave & health insurance. California registration required. Applications & details furnished on request. Contact: Personnel Director, Children's Hospital, 3700 California Street, San Francisco 18, California.

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Starting salary $350 plus $22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California.

Attention! General Duty Nurses 400-bed fully accredited County Hospital located 2-hr. drive from San Francisco, ocean beaches & mountain resorts in modern & progressive city of 35,000. 40-hr. 5-day wk., paid vacation, paid holidays, pd. sick leave, retirement plan, social security, & insurance plan. Accommodations in nurses' home, meals at reasonable rates, uniforms laundered without charge. Starting salary $376 per mo. plus shift & service differentials. Must be eligible for California Registration. Write Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

Staff Nurses for new modern 800-bed General & Tuberculosis Institution in beautiful San Joaquin Valley city — no smog — no snow — 235,000 in metro. area, midway between Los Angeles & San Francisco, close to 3 National Parks, 2 colleges & other cultural advantages. Full maintenance available. Immediate appointment. $4,320 to $5,400 per year. Apply immediately to: Director of Personnel, Fresno County Civil Service, Room 101, Hall of Records Building, Fresno 21, California.



TORONTO GENERAL HOSPITAL

REQUIRES

Registered Nurses and Certified Nursing Assistants
for Medical and Surgical Services
including newly opened Neurosurgical and Cardiovascular Units
Rewarding Experience — Excellent Personnel Policies

For information write to:

Director of Nursing, Toronto General Hospital, 101 College Street, Toronto 2, Ontario

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GENERAL DUTY NURSES FOR ALL DEPARTMENTS

Gross salary $320 monthly with annual increments for 3 years to $350.

Until registration in Ontario is established — $295.

Rotating periods of duty — 40 hour week, 8 statutory holidays annually — Annual vacation 21 days after one year.

Annual sick time 12 days after one year, cumulative to 18 days. Hospitals of Ontario Pension Plan.

Ontario Hospital Insurance and Physicians' Services Incorporated, 50% payment by hospital.

Apply:

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to: Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Staff Duty positions in private 428-bed hospital, non-registered graduates acceptable. Liberal personnel policies & salary. Write to: Personnel Director, Hospital of the Good Samaritan, 1212 Shatto Street, Los Angeles 17, California.

General Duty Nurses for various departments including surgery for 72-bed hospital. Starting salary $375 per mo. with periodic increases & fringe benefits. College town, tourist area, ideal climate. Contact: Superintendent, Alamosa Community Hospital, Alamosa, Colorado.

Graduate Nurses (Professional) We are an established teaching hospital offering a variety of interesting assignments in patient-centered care. The current starting salary for Staff Nurse is $390 per mo., for evenings $430 & nights $420 per mo., for a 40-hr. 5-day wk. Fringe benefits include paid vacation up to 4 wks. per yr., 8 paid holidays per year, cumulative sick leave. Blue Cross & pension plan available. The hospital is centrally located & offers private room accommodations in our modern nurses' residence. Your inquiries are invited: Director of Nursing Service, Department C.J.N., Mount Sinai Hospital of Chicago, 2750 West 15th Place, Chicago 8, Illinois.

Obstetrical Supervisor for 30-bed brand new O.B. Dep't. in 200-bed hospital. Responsible for supervision & coordination of nursing care of separately staffed Labor & Delivery' Nursery & Post-Partum areas, facilities include Post-Partum Recovery Room & Rooming-in Units, prefer B.S. in Maternal & Child Health or P.G. in Obstetrics with previous supervisory experience. Salary commensurate with qualifications. Write: Director of Nursing, Highland Park Hospital, 718 Glenview Avenue, Highland Park, Illinois.

Registered Nurses for 200-bed General Hospital located in beautiful suburban residential area on Lake Michigan, 30-min. from Chicago. Base salary $380, differential of $20 for nights, $30 for evenings. Live in modern nurses' bungalows adjacent to hospital & enjoy social, cultural & educational advantages of Chicago. Recent completion of new building creates opportunities in all clinical services, liberal personnel benefits include free retirement program. Contact: Director of Nursing, Highland Park Hospital, Highland Park, Illinois.

Operating Room Nurses for modern 200-bed General Hospital along the shores of Lake Michigan, 30-min. from Chicago. Progressive salaries and policies. Live in modern nurses' bungalows adjacent to hospital & enjoy social, cultural & educational advantages of Chicago, 6-room brand new operating suite, utilizing most current "nurse saving" methods & equipment. If you're a confirmed OR nurse you'll be right at home in our OR! If you feel you might be interested in OR (but aren't sure) our OR will convert you, beyond any doubt. Contact: Director of Nursing, Highland Park Hospital, Highland Park, Illinois.

Staff Nurses & Licensed Practical Nurses (Openings in several areas, all shifts.) 37½-hr. work wk., in small community hospital, 2-mi. from Boston. Living quarters available. Minimum starting pay $73 R.N.'s; L.P.N.'s $61 per wk. Experience considered, differentials for reliefs, nights. Contact: Miss Elizabeth Hewitt, Assistant Director of Nurses, Chelsea Memorial Hospital, Chelsea, Massachusetts.

Assistant Director of Nursing Service for 277-bed hospital. NLN Accredited school of nursing. Master's Degree preferred. Will accept Bachelor's Degree with experience in nursing service administration. Salary commensurate with experience & preparation. Liberal personnel policies, housing available in nearby community. Apply: Director of Nursing, Highland Park General Hospital, Highland Park 3, Michigan.

Operating Room Nurses for 277-bed General Hospital, Salary $376-$410 depending upon experience, liberal personnel policies. Apply: Director of Nursing, Highland Park General Hospital, Highland Park 3, Michigan.

Staff Nurses 380 bed hosp. new 120 med-surg. unit. Trans. pd. 1st class air to Albuq. and return within U.S. in exchange for 1-yr. emp. contract. Come to New Mexico "Land of Enchantment." Career opportunities, largest pvt. JCAH accredited hosp. in state; near U. of New Mexico, R.N. & B.S. pgm. Practical Nurse pgm. accredited state & NAPNE. Vacancies, Med-Surg. & occasionally O.B., Peds. & O.R., salaries $315 per mo. even., night or O.R. with call; 6-mo. increases up to $375; days $300 per mo. with increases up to $360. Rotation from day duty is required only when no person desiring permanent P.M. of night tour is available. Liberal personnel policies include: optional Blue Cross, Discount Hosp. Services, pd. sick leave cumulative to 5 wks., annual physical exam., vacation 1 yr. — 2 wks., 2 yrs. — 3 wks. 5 yrs. — 4 wks. Active inservice pgm. Occasional vacancy hosp. owned apts. New Mexico licensure as professional nurse & U.S. Citizenship (or Immigration Visa) required. Write or call collect: Mrs. Emily J. Tuttle, Dir. of Nursing, Presbyterian Hospital Center, 1012 Gold, S.E., Albuquerque, New Mexico. Phone 243-5611.

Courses FOR R.N.'S N.Y. POLYCLINIC MED. SCH. & HOSP. — in heart of Manhattan — 6-mo. courses in: O.R. NURSING OPD. NURSING, MED.-SURG. NURSING. Classes 4 times yrly: Mar., June, Sept., Dec. Room, meals, Medical Care & monthly cash stipend. Positions available to graduates of our Courses. For information write: Director of Nursing Education, 345 W. 50 St., N.Y.C., NEW YORK.

Graduates Nurses for 450-bed non-sectarian acute General Hospital with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Opening of new main building has created attractive positions for Staff Nurses in medical, surgical, obstetric & pediatric divisions. Apartments available in immediate neighborhood. Apply: Miss Louise Harrison, Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th. Street, Cleveland 6, Ohio.

Staff Nurses: Exchange Visitor program offers opportunities to learn & earn at large modern tuberculosis hospital in convenient suburban Cleveland, Ohio. Start at $344 per mo. with semi-annual increments. 5-day work wk., paid vacation & 6 holidays, liberal sick leave, board, room & laundry at low rate in pleasant accommodations in nurses' home. Increase your professional experience at a progressive accredited hospital in an expanding community. Write: Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio.

Registered Nurse (Scenic Oregon, vacation playground, skiing, swimming, boating & cultural events) for 295-bed teaching unit on campus of University of Oregon medical school. Salary starts at $372. Pay differential for nights & evenings. Liberal policy for advancement, vacations. sick leave, holidays. Apply: Multnomah Hospital, Portland 1, Oregon.

Psychiatric Nurses for expanding teaching & research hospital located on the beautiful University of Washington campus. Ultra-modern patient care facilities. Openings now for **Staff Nurses** in active psychiatric treatment center including 42 adult beds. Open & closed wards plus day hospital program. Milieu therapy with all disciplines participating. Increments at 6-mo. & yearly thereafter; liberal benefits including vacation, sick leave, 8 holidays, tuition-free University classes. Enjoy campus life & see the World's Fair. Apply: Personnel Officer, University Hospital, Seattle 5, Washington.

SUPERVISOR OF OPERATING ROOMS

Applications for this senior administrative position are invited.

Special preparation and administrative experience essential.

Operations per month average 2,000 in all surgical specialties.

Further information supplied on request.

ASSISTANT BUILDINGS SUPERVISORS

These challenging positions at the administrative level are located in separate 500 and 600-bed units. Experienced Nurses with University Preparation are desired.

($342 - $413)

SUMMER VACATION RELIEF

Appointments for the 1962 summer vacation program are now available at $297 or $311 per month with approved experience.

For further details concerning the above please apply to:

PERSONNEL DIRECTOR, THE VANCOUVER GENERAL HOSPITAL,
10th AND HEATHER STREETS, VANCOUVER 9, BRITISH COLUMBIA.

REQUIRED IMMEDIATELY

THREE INSTRUCTORS OF NURSING

SCHOOL OF NURSING — BRANDON GENERAL HOSPITAL

STUDENT ENROLLMENT 60

HOSPITAL BEDS 220

Post-basic preparation in

Teaching and Supervision required,

experience desired.

Recognition given for preparation and experience

For further particulars apply to:

PERSONNEL OFFICER
BRANDON GENERAL HOSPITAL
BRANDON, MANITOBA

Obstetrical Supervisor responsible for the administration of the Obstetrical Department, for 575-bed hospital, salary $5,100 with increases to $5,460. New $3,500,000 building to open in fall. Entirely new modern Obstetrical Department in new building. Hospital has a large school with large faculty. Obstetrical Instructor carries the responsibility for teaching obstetrical nursing & supervision of students. Obstetrical supervisor assists with orientation & supervision of students. School of nursing has full accreditation with NLN. Retirement plan in addition to Social Security, hospital pays 5% of salary into fund & employee pays 3%. After 5 years, hospital provides life insurance policy for employee equivalent to one year's salary, hospital pays the policy, other liberal personnel policies, attractive working conditions, each room in nurses' residence has its own private bath & shower. Hospital located in a beautiful 40-acre park. Community has many cultural opportunities. One college in city, 4 universities have extension centres or extension courses. Qualifications: Baccalaureate degree with preparation or experience in obstetrical nursing. Apply: Director of Nurses, The Reading Hospital, Reading, Penna.

Science Instructor to teach Chemistry & Microbiology for 575-bed hospital with a $3,500,000 building ready to open in fall. Teaching & laboratory facilities excellent. School has full accreditation from NLN. There are 25 Nurse Instructors on faculty. Salary for assistant instructor $4,500-$4,860 with opportunity for promotion to full instructor in Science Department. Lectures given by Albright College Professor. School has 2 nurse instructors to teach the laboratory portion of the course. One class a year admitted. Retirement plan in addition to Social Security. Hospital pays 5% of salary into fund & employee pays 3%. After 5 years hospital provides life insurance policy for employee equivalent to one year's salary. Hospital pays the policy. Other liberal personnel policies, attractive working conditions, each room in nurses' residence has its own private bath & shower, hospital located in a beautiful 40-acre park, community has many cultural opportunities, one college in city, 4 universities have extension center or extension courses in city. Qualifications: Licensed Nurse with Baccalaureate degree with courses in nursing education. Apply: Director of Nurses, The Reading Hospital, Reading, Penna.

Assistant Nursing Arts Instructor — 5 other full-time instructors with no administrative responsibilities. For 575-bed hospital & opening a $3,500,000 building in fall. Salary $4,500 with increases to $4,860 & opportunity for promotion with salary to $5,460. Two intensive care units in new building. School has full accreditation from NLN. There are 25 nurse instructors, Sciences taught by Albright College. Retirement plan in addition to Social Security, hospital provides a life insurance policy for employee equivalent to one year's salary, hospital pays the policy. Other liberal personnel policies, attractive working conditions. Each room in nurses' residence has its own private bath & shower. Hospital located in a beautiful 40-acre park. Community has many cultural opportunities. One college in city, 4 universities have extension center or extension courses in city. Qualifications: Baccalaureate degree with courses in nursing education. Apply: Director of Nurses, The Reading Hospital, Reading, Penna.

Clinical Instructor to teach a portion of Medical & Surgical Nursing, for 575-bed hospital with a new $3,500,000 building ready to open in the fall. Salary for faculty with no previous teaching experience $4,860 with increases to $5,460. Starting salary $5,100 for qualified instructors with 2 years' teaching experience. School of Nursing enlarging, increasing size of faculty. 12 full-time Medical & Surgical instructors with no administrative responsibilities. Also 2 full-time Dietician instructors in the Clinical area. Two intensive care units in new building, school has full accreditation from NLN. There are 25 Nurse Instructors. Sciences taught by Albright College. Retirement plan in addition to Social Security. Hospital pays 5% of salary into fund & employee pays 3%. After 5 years hospital provides a life insurance policy for employee equivalent to one year's salary. Hospital pays the policy. Other liberal personnel policies, attractive working conditions. Each room in nurses' residence has its own private bath & shower. Hospital located in a beautiful 40-acre park. Community has many cultural opportunities. One college in city. 4 universities have extension center or extension courses in city. Qualifications: Baccalaureate degree with courses in nursing education. Apply: Director of Nurses, The Reading Hospital, Reading, Penna.

Evening Clinical Instructor to work with the students in the clinical area from 3:00 to 11:00 P.M. for 575-bed hospital with a $3,500,000 building ready to open in the fall, 2 intensive care units are in new building. School has full accreditation from NLN. There are 25 Nurse Instructors. Sciences taught by Albright College. Starting salary for instructor with no previous teaching experience $4,980, increases up to $5,580, Instructors with previous teaching experience start at $5,220. The school has 10 full-time Medical & Surgical Instructors on days. Also a full-time Dietician Instructor in the clinical area. Retirement plan in addition to Social Security. Hospital pays 5% of salary into fund & employee pays 3%. After 5 years hospital provides a life insurance policy for employee equivalent to one year's salary. Hospital pays the policy. Other liberal personnel policies, attractive working conditions. Each room in nurses' residence has its own private bath & shower. Hospital located in a beautiful 40-acre park. Community has many cultural opportunities. One college in city, 4 universities have extension center or extension courses in city. Qualifications: Baccalaureate degree with courses in nursing education. Apply: Director of Nurses, The Reading Hospital, Reading, Penna.

Pediatric Instructor to teach a portion of pediatric nursing. 2 **Pediatric Instructors** for 575-bed hospital opening a new $3,500,000 building in the fall. Starting salary for instructor with no previous teaching experience is $4,860 with increases to $5,460. Instructors with previous teaching experience start at $5,100. School of Nursing enlarging & increasing the size of the faculty. School has 25 Nurse Instructors with no administrative responsibilities. Sciences taught by Albright College Professors. Entirely new & modern Pediatric Department in new building. School has full accreditation from NLN. Retirement plan in addition to Social Security. Hospital pays 5% of salary into fund & employee pays 3%. After 5 years the hospital provides a life insurance policy for employees equivalent to one year's salary. Hospital pays the policy. Other liberal personnel policies, attractive working conditions. Each room in nurses' residence has its own private bath & shower. Hospital located in a beautiful 40-acre park. Community has many cultural opportunities, one college in city, 4 universities have extension centers or extension courses in city. Qualifications: Baccalaureate degree with courses in nursing education. Apply: Director of Nurses, The Reading Hospital, Reading, Penna.

Staff Nurses (All Clinical Services) Base salary $319, differential for 3-11 and 11-7 shifts, liberal personnel policies incude sick leave, retirement plan, 3-wks. vacation & laundry of uniforms. Orientation & in-service programs — housing available on campus or in vicinity of hospitals. Apply: Director of Nursing Service, The University of Texas-Medical Branch Hospitals, Galveston, Texas.

ALBERTA

General Duty Registered Nurses (2) after April 15th, for busy 35-bed General Hospital situated on pavement 80-mi. east of Edmonton. Gross basic salary $295 per mo. with 8 semi-annual $5.00 increments, salary adjustment for previous satisfactory experience, 40-hr. wk., rotating shifts, 3-wk. vacation, 10 statutory holidays per year, 12 days sick leave yearly, cumulative to 30 days, pension plan, group plans for MSI & Blue Cross, Alberta registration or eligibility for same required. Apply: Matron Superintendent, Viking Municipal Hospital, Viking, Alberta.

MANITOBA

Registered Nurse for modern 20-bed hospital. Salary $305 per mo. with $5.00 increment every 6-mo. for 2 years then $10 annually for 2 years. 40-hr. wk., 3-wk. vacation after 1 year, maintenance $45. Application to: Matron, Memorial Hospital, Deloraine, Manitoba.

THE VANCOUVER GENERAL HOSPITAL

Appointments to nursing positions are available.

Good personnel policies in effect including medical welfare plan, 40 hour week — four weeks vacation. In-Staff Education program well established during winter months.

Salary $297 - $359 per month
with consideration for experience or special preparation.

Please apply to:

PERSONNEL DEPARTMENT,
10TH AVENUE AND HEATHER STREET,
VANCOUVER 9, BRITISH COLUMBIA.

JEWISH GENERAL HOSPITAL

MONTREAL QUE.

NURSING OPPORTUNITIES

In this modern 400-bed non sectarian hospital in Administration, Teaching, Staff Nursing. Certified Nursing Assistants also required. Openings in Psychiatry, Pediatrics, Obstetrics and Medicine and Surgery. Excellent personnel policies. Bursaries for post-basic courses in Teaching and Administration.

For further information, please write:
DIRECTOR OF NURSING, JEWISH GENERAL HOSPITAL, 3755 COTE ST. CATHERINE ROAD, MONTREAL, QUE.

Operating Room Supervisor
required by
Department of Veterans Affairs
for
Queen Mary Veterans Hospital
Montreal, Quebec

Applications are invited from Nurses registered in a province of Canada who have completed a course in operating room technique, and preferably have also completed a course in nursing supervision, teaching or administration. Cotton uniforms and laundering of same will be provided.

Salary $4,380 - $4,920 per annum

For further details and application forms write to:
CIVIL SERVICE COMMISSION OF CANADA, OTTAWA
Please ask for
Information Circular 62-483.

REGISTERED NURSES

FOR

ALL SERVICES

in new modern hospital — Good personnel policies — Starting salary $305 per month.

Apply: Director of Nursing

THE GREATER NIAGARA GENERAL HOSPITAL
NIAGARA FALLS, ONTARIO.

DIRECTOR OF NURSING

For modern accredited 100-bed hospital, soon to enter the planning stage of expansion to 200 beds.

Salary commensurate with qualifications and experience.

Excellent personnel policies.

Apply with full particulars to:

ADMINISTRATOR
NORTH BAY CIVIC HOSPITAL
NORTH BAY, ONTARIO

ST. THOMAS - ELGIN GENERAL HOSPITAL

ST. THOMAS, ONTARIO

requires

INSTRUCTORS (2) qualified on or before September 1, 1962, student body approximately 140, salary commensurate with qualifications and experience, excellent policies, O.H.A. Pension Plan.

Reply: THE DIRECTOR OF NURSING
ST. THOMAS-ELGIN GENERAL HOSPITAL
ST. THOMAS, ONTARIO

ASSOCIATE DIRECTOR OF NURSING SERVICE

AND CLINICAL INSTRUCTOR FOR OPERATING ROOM
required for
SASKATOON CITY HOSPITAL
Saskatoon, Saskatchewan
Salary commensurate with qualifications and experience.
Apply to: **DIRECTOR OF NURSING, SASKATOON CITY HOSPITAL, SASKATOON, SASK.**

WANTED IMMEDIATELY REGISTERED NURSES

FOR 35-BED HOSPITAL

Salary $305 with annual increments, allowance for experience and postgraduate training, 40 hour week — 9 statutory holidays, 3 week vacation after one year — 4 weeks thereafter, 1 day sick leave per month accumulative, generous fringe benefits, nurses' residence—board $45 per month.

Apply: **LITTLE LONG LAC HOSPITAL, GERALDTON, ONTARIO.**

PUBLIC HEALTH NURSES

REQUIRED FOR HEALTH BRANCH, B.C. CIVIL SERVICE

Positions available for qualified Public Health Nurses in various centres in British Columbia. SALARY — $356 - $440 per month; car provided. An opportunity for interesting and challenging professional service in this beautiful and fast-developing Province. For further information and application forms, apply to The Director, Public Health Nursing, Department of Health Services and Hospital Insurance, Parliament Buildings, VICTORIA, B.C., or to The Chairman, B.C. Civil Service Commission, 544 Michigan Street, VICTORIA, B.C. COMPETITION NO.62:57.

Registered Nurses (2 immediately) for 32-bed hospital, salary $325 per mo., 40-hr. wk., 10 legal days with pay, 1½ days sick leave per mo., 21 days vacation after 1-yr., living accommodation at hospital $35 per mo. Valuable experience available. Good boating, fishing & swimming, beautiful scenery overlooking the mighty Peace River, also skating & picture shows. Fare from any place in Canada could be advanced & need not be repaid if you stay over six (6) months. Return fare paid after 1½ years. Kindly apply giving experience & references to: Director of Nursing, Sister Priscilla Marie, St. Theresa Hospital, Fort Vermilion, Alberta.

NURSING CONSULTANT

Required for

SANATORIUM BOARD OF MANITOBA

operating 5 hospitals for Rehabilitation and Physical Medicine, Extended Treatment and Tuberculosis, respectively.
Responsible for:

1: Nursing Services and quality of nursing care.

2: Development of in-service education programs.

3: Consultation at executive level on all aspects of nursing administration.

Salary according to experience and qualifications.

Appointment for August 1st or earlier.

Apply to:

EXECUTIVE DIRECTOR
SANATORIUM BOARD OF MANITOBA
800 SHERBROOK STREET, WINNIPEG 2, MANITOBA

NURSES, REGISTERED

250-bed General Acute Hospital, Centrally located in SAN FRANCISCO, CALIFORNIA

IMMEDIATE day, evening and night positions available for nurses in:

SURGERY, CARDIAC AND INTENSIVE CARE, GENERAL STAFF DUTY

Qualified applicants guaranteed positions for visa purposes.

SALARY RANGE from $365-$435 plus $36.50 P.M. shift (3 - 11:30 P.M.) and specialty differentials, medical benefits and liberal holiday and vacation benefits.

GRADUATE medical resident program with University of California Medical School in General Surgical, Neurological, Ortho, and Plastic Surgery.

For further information, please write to:

MISS LOIS JAHN, DIRECTOR OF NURSING,
FRANKLIN HOSPITAL,
14th and Noe Sts., San Francisco, Calif.

INSTRUCTOR REQUIRED
FOR THE
1962-63 TERM

School of Nursing enrolment — Approx. 50 Students.

One class per year admitted in September.

Hospital — 225-bed General Hospital — accredited

Charlottetown — pop. 20,000, the provincial capital but only a ½ hour drive from excellent sandy beaches.

GOOD PERSONNEL POLICIES

For further information write to:

DIRECTOR OF NURSING
PRINCE EDWARD ISLAND HOSPITAL
CHARLOTTETOWN, P.E.I.

UNIVERSITY OF MICHIGAN

MEDICAL CENTER
Ann Arbor, Michigan

Offers challenging positions to qualified Registered Nurses.

1000-bed hospital — all Clinical Services.

Good salaries — $375 to $415 and generous fringe benefits.

For further information write:

ROBERT J. GREENOUGH,
DEPT. F-UNIVERSITY HOSPITAL,
UNIVERSITY OF MICHIGAN MEDICAL CENTER,
ANN ARBOR, MICHIGAN.

PROVINCE OF ALBERTA

The Provincial Mental Hospital
Ponoka, Alberta.

EMPLOYMENT OPPORTUNITIES

(A) General Duty Nurses — Preference given to nurses with experience in Psychiatric Nursing.

Salary — $280 to $375 per month, depending on qualifications and experience.

(B) Instructors (Classroom and Clinical) to teach:

1. **Basic Course in General and Psychiatric Nursing**
2. **Affiliate Program in Psychiatric Nursing**
3. **Post Basic Course in Psychiatric Nursing**

Salary — $315 to $495 per month, depending on qualifications and experience.

This is an active treatment mental hospital conducting an approved school of Nursing. 40-hour work week. Civil Service holiday, sick leave and pension benefits. Good personnel policies. 60 miles from Edmonton. Giving full particulars,

Apply to:

DIRECTOR OF NURSING,
PROVINCIAL MENTAL HOSPITAL,
PONOKA, ALBERTA.

APPLICATIONS ARE INVITED FOR THE POSITION OF

ASSOCIATED DIRECTOR OF NURSING EDUCATION

Salary commensurate with qualifications and experience.

APPLY TO:

DIRECTOR OF NURSING
ARCHER MEMORIAL HOSPITAL
LAMONT, ALBERTA

PRESBYTERIAN-ST. LUKE'S HOSPITAL

CHICAGO, ILLINOIS

LOCATION: 10 minutes west of Chicago's Loop. With 822 beds, Presbyterian-St. Luke's is the only private hospital in the world's largest medical center.

SALARY: Staff nurses, $400 to $430 per month. $40 or $30 differential for evenings or nights. Sick leave, social security, and pension plan also available. In addition to regular vacations, a bonus vacation of two months is given after three years' service.

HOUSING: Attractive apartments are available locally. Register of living units provided by the hospital.

SOCIAL: All of Chicago's exciting attractions are only minutes away. Some of the country's finest universities are located here, as well as museums, symphonies, legitimate theatre and other cultural attractions.

Please address your inquiry to: **Miss Eunice Lenz**
Director of Nursing Service
Presbyterian-St Luke's Hospital
Chicago 12, Illinois

NURSING INSTRUCTOR

Candidates with degree preferred but consideration will be given to an experienced person with certificate in teaching and supervision.

Primary teaching responsibility — *Science.*

The Science program is an integrated one; gives basic material in the classroom and group teaching.

The Science Instructor assists teachers in the Clinical field to develop and apply these concepts.

Student enrollment — 95.

Inquiries regarding this position should be addressed to:

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SARNIA, ONTARIO

MONTREAL CHILDREN'S HOSPITAL

is accepting applications from

GRADUATE NURSES

with postgraduate Psychiatric preparation to fill vacancies on staff of a 14-bed

PSYCHIATRIC UNIT

Well-prepared experienced graduates also required to fill position of Head Nurse Aug. 1, and newly-created position of Assistant Head Nurse immediately. University preparation preferred.

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2300 TUPPER STREET, MONTREAL 25, QUEBEC

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For 163-bed active hospital, located in a progressive community between Toronto and Hamilton. Postgraduate training or experience essential. Good salary and personnel policies.

Apply giving age, qualifications and experience to:

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REQUIRED FOR

THE HOSPITAL FOR MENTAL DISEASES, BRANDON, MANITOBA

- Salary Schedule — $4,020 to $5,040 per annum
- Regular Annual Increments
- Pension Privileges
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- Annual Vacation with pay as set out by the Civil Service Commission
- Duties to commence immediately

Qualifications — Instructor with Psychiatric experience preferable.

WRITE:

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HOSPITAL FOR MENTAL DISEASES
BRANDON, MANITOBA.

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General Staff Nurse positions available in General Operating Rooms (general surgical, cardiac, neuro-surgical, plastic, orthopedic, ear, nose and throat, and urology). Positions also in Gynecological and Ophthalmological operating rooms. Salary commensurate with experience, excellent additional benefits including refund of tuition up to six points per semester.

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HOSPITAL,
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invites applications from

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and

CERTIFIED NURSING ASSISTANTS

to fill vacancies in the Neurosurgical ward and Metabolic Unit as well as on general Medical and Surgical wards.

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in

MEDICAL AND SURGICAL NURSING

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BROCKVILLE GENERAL HOSPITAL, BROCKVILLE, ONT.

Invites applications for — Instructor

Requirements: University preparation in Nursing Education

Salary differential for degree

Apply to:

DIRECTOR OF NURSING

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Opening Large Modern Addition — Autumn, 1962 — 900-bed capacity.

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Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

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Generous salaries, according to qualifications, with periodic increases. Differential for evening and night duty, 10 Statutory holidays. Vacation based on date of employment. Pension plan. Inservice education program. Recreational Center.

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HOPITAL NOTRE DAME, 1560 EST, RUE SHERBROOKE, MONTREAL 24.

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REQUIRES

Head Nurse for Pediatric Department

Instructor in Surgical Nursing

Instructor in Medical Nursing

General Duty Staff Nurses

For further information write:

THE DIRECTOR OF NURSING
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GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well-staffed 125-bed hospital in suburban west Toronto now expanding to 350 beds. General Staff Nurses salary range: $305-$355 per mo. Certified Nursing Assistants $225-$255 per mo. 5 day week. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

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GENERAL DUTY REGISTERED NURSES

and

CERTIFIED NURSING ASSISTANTS

also

Registered Nurse

with operating room experience, required for 200-bed hospital situated in a beautiful residential town on the shores of Lake Temiskaming. Starting salaries $320 for R.N.'s and $220 for C.N.A.'s. Good personnel policies including 40 hour week, O.H.A. pension plan etc. Accommodation available in residence if desired.

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with advanced preparation required for August, 1962.

APPROVED SCHOOL OF NURSING

Junior students attend Lakehead College for instruction in the basic physical and social sciences and English.

Fully accredited hospital — 300-beds. This is one of the loveliest parts of Canada, and is both a summer and winter sports resort.

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THE DIRECTOR OF NURSING,
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PORT ARTHUR, ONTARIO.

REGISTERED NURSES

and

CERTIFIED NURSING ASSISTANTS

for

375-bed, fully accredited General Hospital. Registered Nurses salary $300 - $340 per month. Certified Nursing Assistants $200 - $230 per month.

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Modern 900-bed hospital

requires

Registered Nurses for all services

and

Certified Nursing Assistants

40 hour week - pension plan - good salaries and personnel policies.

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THE OSHAWA GENERAL HOSPITAL

SCHOOL OF NURSING

requires

CLINICAL INSTRUCTOR MEDICAL NURSING

CLINICAL INSTRUCTOR SURGICAL NURSING

Duties to commence August 1, 1962 or earlier

For information apply to:

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SCHOOL OF NURSING

Brockville, Ontario

Invites applications for the position of

ASSISTANT DIRECTOR — NURSING EDUCATION

Salary commensurate with qualifications and experience.

APPLY TO:

DIRECTOR OF NURSING

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Experienced postgraduate required for charge position in this modern 300-bed hospital located in Canada's Chemical Valley.

Sarnia, Ontario, is a progressive industrial city, located at the Junction of the St. Clair River and Lake Huron.

The hospital is fully accredited, and has approved schools for nurses, X-ray and Laboratory technicians, and is approved for intern training.

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This is an opportunity to participate in the development of a progressive School which emphasizes educational experiences for the student. The program consists of 2 years of Nursing Education followed by one year internship. One class of 32 students is admitted annually.

DUTIES INCLUDE: Clinical and Classroom Instruction in an integrated program of Maternal and Child Care.

REQUIREMENTS: University preparation in Nursing Education. Salary differential for degree.

DUTIES TO COMMENCE: August, 1962.

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Applications are invited from *Registered Nurses* interested in gaining experience in an English Maternity Hospital.

All types of Maternity cases are accepted, and there is a separate Unit devoted to the care of premature babies and sick neo-natal infants.

The Hospital is pleasantly situated in the West of England with good train service to Bristol and London.

Arrangements can be made for short or long term appointments.

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POSITIONS OPEN FOR:

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Certificate in Nursing Education required.
Student enrollment 85.
One class per year registers in September.
Well-equipped modern school and residence.

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Previous senior experience preferred.
200-bed hospital — Fully accredited.

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Required for all departments in new 163-bed hospital, centrally located between Toronto and Hamilton, in a very progressive community.

Good salary and personnel policies, pension plan, 40-hour week.

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Good personnel policies

Salary commensurate with preparation & experience

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IN-SERVICE INSTRUCTOR
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University certificate essential. Salary commensurate with qualifications and experience. Excellent policies. O.H.A. Pension Plan. P.S.I.

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invites applicants for positions of

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CERTIFIED NURSING ASSISTANTS

in new 105-bed Rehabilitation Centre for orthopedically handicapped children. 40 hour week, good personnel policies, pension plan.

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You are invited to attend
NURSES' CAMP — *JULY 14th-21st*
at Campus in the Woods, Fairview Island, in Lake of Bays, Ontario.

Enjoy the best things of life —
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for General Duty
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Good personnel policies

Consideration given for special preparation.

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for general duty in

120-bed Radiotherapy Center,

affiliated with University of Toronto

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PRINCESS MARGARET HOSPITAL,
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2 Clinical Instructors for Medical-Surgical Nursing Program in a 3 year training course with 60 students.

Apply:

Principal, School of Nursing

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Immediate openings for

Registered Nurses

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40-hour week, excellent salary and personnel policies.

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Public Health Nurse required for school service, duties to begin September, 1962. State experience, qualifications and salary expected. Uniforms provided, 5 day week, pension plan.

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Especially required
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ADMINISTRATOR OF THE DEPARTMENT
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invites applications for positions of
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This Branch offers experience in a diversified program including bedside nursing, individual teaching, child health centre activities, participation in experimental programs, student program, inservice education.

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Ideally located
- on the north shore of Lake Ontario
- six miles to Hamilton
- thirty miles to Toronto
- fifty miles to Niagara Falls
- excellent access to New York State

Friendly hospital and community
- hospital capacity 228 beds
- services: medical, surgical, pediatrics, obstetrics
- staff association
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INQUIRIES ARE INVITED
WRITE TO THE
Director of Nursing.

REGISTERED NURSES
AND
CERTIFIED NURSING ASSISTANTS
REQUIRED FOR

82-bed hospital when expansion complete Sept./62. Situated in the Niagara Peninsula. Transportation assistance.

for salary rates & personnel policies
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REGISTERED NURSES
and
CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities for all departments of new 140-bed hospital. Good personnel policies, O.H.A. Pension Plan.

Enquire:
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Required for a modern 26-bed hospital in northern Saskatchewan. Serving a community of 3,000. Salary to be negotiated. Private suite provided in modern residence, one month's annual vacation with transportation paid. Excellent personnel policies.

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McKELLAR GENERAL HOSPITAL,
FORT WILLIAM, ONTARIO.

Position will be open on
April 1, 1962. Salary commensurate with qualifications and experience.

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ONE CLASS PER YEAR

Well-equipped modern school

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needs progressive nurses and will prepay costs of transportation for those nurses who will remain on staff for one year. Personnel policies are good — the people are friendly.

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CANORA, SASK.

requires 4

REGISTERED NURSES for GENERAL DUTY

75-bed General Hospital

Starting salary $290 with differential for experience and postgraduate training.

Residence accommodation if desired.

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SCIENCE INSTRUCTOR
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School of Nursing with 75 students, expanding to 100 with completion of new building in near future. Salary commensurate with preparation and experience. Superannuation and Medical plans in effect. Position open — September 1st, 1962.

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NORTHWESTERN GENERAL HOSPITAL

REQUIRES

GENERAL STAFF NURSES

FOR

OPERATING ROOM
MEDICAL
OBSTETRICAL
POSTPARTUM
} DEPARTMENTS

Apply:
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2175 KEELE STREET,
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QUEEN ELIZABETH HOSPITAL OF MONTREAL

Positions available immediately for Registered Nurses, general duty in new wing of hospital, intensive care unit, general medical and surgical wards and obstetrical unit. Salaries are paid in accordance with recommendations of Association of Nurses of the Province of Quebec and commensurate with experience and education.

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- 8 hour working periods
- Modern 45 bed accredited hospital
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NURSING SUPERVISOR
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REGISTERED NURSE

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110-bed "HOME FOR THE AGED" with 50-bed bed-care wing. Located on Grand River, Niagara Peninsula within 1 hour's travel to Hamilton, Niagara Falls and Buffalo, N.Y. Modern staff quarters optional.

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Degree Course in Basic Professional Nursing
Candidates for the degree of Bachelor of Nursing are required to complete 2 years of university work before entering the clinical field, and one year of university work following the basic clinical period of 30 months. On completion of the course the student receives the **Degree** of Bachelor of Nursing and the **Professional Diploma** in either Teaching in Schools of Nursing or Public Health Nursing.

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Graduate nurses who wish to obtain the degree of Bachelor of Nursing are required to complete the three years of university work.

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(a) Public Health Nursing
(b) Teaching in Schools of Nursing
(c) Nursing Service Administration

For further information apply to:

DIRECTOR, SCHOOL OF NURSING
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UNIVERSITY OF BRITISH COLUMBIA

School of Nursing

DEGREE COURSE IN BASIC NURSING

DEGREE COURSE FOR GRADUATE NURSES

Both of these courses lead to the B.S.N. degree. Graduates are prepared for public health as well as hospital nursing positions.

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in cooperation with
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Offers to Graduate Nurses a Three-Month Course in ***Tuberculosis Nursing,*** including Immunology, Prevention, Medical & Surgical Treatment.

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The largest eye hospital in the United States offers a six-month course in ***Nursing care of the Eye*** to *Graduates of Accredited Nursing Schools,* Operating Room Training is scheduled in the course.

- Full maintenance and a stipend of $237 per month for the first three months, $247 per month for the last three months, plus maintenance.
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- Course starts **September 16th & March 16th.** Ophthalmic Nurses in great demand for hospital eye departments, operating rooms & ophthalmologist's offices.

For information write to:

Director of Nurses,
Wills Eye Hospital,
1601 Spring Garden Street,
Philadelphia 30, Penna.

MONTREAL NEUROLOGICAL INSTITUTE
McGILL UNIVERSITY

GRADUATE COURSE

in

NEUROLOGICAL AND NEUROSURGICAL NURSING AND OPERATING ROOM TECHNIQUE

Classes: Apr. 1 & Oct. 1

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GENERAL STAFF positions available on application.

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Director of Nursing
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University of Alberta
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Normally a two-year program for graduate nurses who meet the academic and professional qualifications.

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A five-month course of study and supervised clinical experience in the care of the mother and newborn infant, offered twice each year.
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The Director, School of Nursing
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A six month *Clinical Course* in *Operating Room Principles and Advanced Practice.*

Courses commence in JANUARY and SEPTEMBER of each year. Maintenance is provided. A reasonable stipend is given after the first month. Enrolment is limited to a maximum of six students.

For further information please write to:

DIRECTOR OF NURSING
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WINNIPEG, MANITOBA

POSTGRADUATE COURSES
FOR
REGISTERED NURSES
Notre Dame Hospital of Montreal

- GENERAL MEDICINE
- GENERAL SURGERY
- OPERATING ROOM
- OBSTETRICS

Classes: March and September
Duration: 6 months

Substantial remuneration
Meals and Laundry provided.
Ability to speak French essential.

For further information write to:

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ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING
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   Classes—September and February.

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Nurses with advanced education for leadership are needed urgently throughout Canada.

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1. Bachelor of Science in Nursing — two years
2. Diploma — one year
   Professional courses include special emphasis on liberal education.

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SCHOOL OF NURSING
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Assumption University of Windsor,
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Canada needs

nurses with advanced preparation

McGill University offers

a program leading to the degree

Master of Science (Applied)

with opportunity to major in either

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DEGREE COURSE IN BASIC NURSING (B.Sc.N.)

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4 months special Eye, Ear, Nose & Throat Nursing

Approved Students enter under Visitors Exchange

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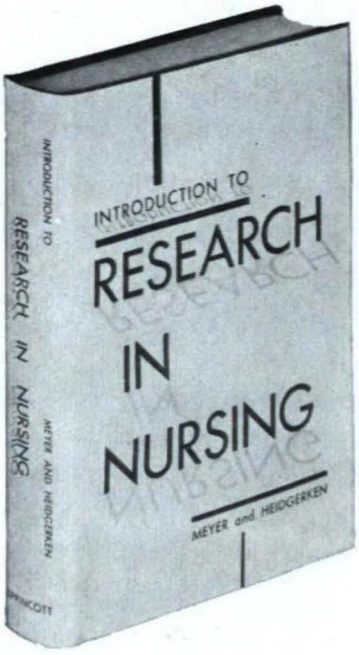

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